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ORIGINAL ARTICLES.

NATURE VERSUS ART IN THE CURE OF DISEASE.[1]

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The constitution of our society requires that its president, on retiring from office, shall deliver to the society a public address. It is expected of the one who undertakes such a task to act the part of a leader and conduct his hearers into new regions of thought. For such a task I feel myself entirely unfit. Instead, therefore, of acting as your conductor, let me take the more humble position of brakeman upon the train of medical progress. It has seemed to me that in our desire to get ahead we have been going too fast, and that there is danger of the train getting off the track unless the brakes be applied. Let us stop for one moment in our search for something new and return to first principles. In what I shall have to say I will refer to what I regard as mistakes which we, as a profession, have been and are still making. I shall refer to three: 1. *A want of confidence in nature;* 2. *An over-confidence in drugs;* 3. *The use of placeboes.*

First, I remark that our profession has *always* made a mistake and got off the track when it has shown a want of respect for the unaided powers of nature, and has gone counter to the natural desires and appetites. This I propose to illustrate by a few preliminary remarks upon instinct and the natural appetites.

"Instinct" is defined as "a certain power or disposition of mind, by which, independently of all instruction or experience, without deliberation and without having any end in view, animals are unerringly directed to do spontaneously whatever is necessary for the preservation of the individual or the continuation of the kind." Such in the human species, is the instinct of sucking exerted immediately after birth; and such in the inferior creation is the instinct by which insects invariably deposit their eggs in situations most favorable for hatching and affording nourishment to their future progeny. These operations are necessary for the preservation of the individual and the continuation of the kind. But neither the infant nor the insect knows that they are necessary; they both act without having any end in view, and act uniformly without instruction, and without experience. The actions of the inferior animals are generally directed by instinct; and in the savage state man is little less the slave of instinct than the brute.

Concerning human instincts, philosophers differ widely in opinion, some maintaining that man is endowed with a greater number of instincts than any species of brutes, whilst others deny that in hu man nature there is any power or principle which can properly be called instinctive.

As an example of instinct, it is said that caterpillars, when shaken off a tree in every direction, instinctively turn around toward the trunk and climb up, though they have never before been on the ground. This is a striking instance of instinct. On the tree, and not upon the ground, the caterpillar finds its food. If, therefore, it did not turn and climb up the trunk, it would inevitably perish. But surely the caterpillar does not know that such an exertion is necessary for its preservation; it acts not from motive, but from blind impulse.

The bee and the beaver are endowed with an instinct which has the appearance of foresight. They build magazines and fill them with provisions, thus providing against a time of need. The solitary wasp digs holes in the sand, into each of which she deposits an egg, though she certainly does not know that an animal is to be produced therefrom.

Familiar examples of instinct are the construction of the nest of the bird, the cobweb of the spider, and the honeycomb of the bee, all of which are so well adapted for their use, and constructed with such mathematical accuracy. Other familiar examples are the migration of birds and fishes toward more genial climes.

It would not be difficult, did time permit, to show that many of the acts of the human species, which are most essential to the preservation of the individual and the continuation of the race, are alike the result of instinct. A healthy, vigorous infant, within a few minutes of its birth, gives the plainest and most unequivocal evidence of a desire to suck, even before anything has been brought into actual contact with its mouth. It stretches out its neck and turns its head from side to side, apparently in quest of something; and that the object of its pursuit is something which it may suck anyone may satisfy himself by a very convincing experiment. When the infant is thus stretching out its neck and moving its head, if anything be made to touch any part of its

[1] An address delivered before the Allegheny County, Pa., Medical Society, March 17, 1885, by the retiring president.

face the little creature will instantly turn toward the object and endeavor, by quick, alternate movements of its head from side to side, to seize it with its mouth, in the very same manner in which it always seizes the nipple, till taught by experience to distinguish objects by the sense of sight, when these alternate motions, being no longer useful, are no longer employed. I have dwelt thus long upon this portion of my subject for the purpose of showing what great results are accomplished by simply permitting animals to have their own way. By following instinct alone, the great mass of animal life is preserved upon the earth.

Closely allied to, if not identical with, instinct are the natural appetites by which all animals will select their natural food; that which is pleasing to their taste being usually beneficial, and that which is offensive being injurious.

Animals and savage man, when sick, will be led by their natural desires and appetites to place themselves in the best conditions and make use of the best means within their reach for their recovery. They will select the place most sheltered from the storm; if they have fever they drink the purest and coldest water; having no appetite they take no food, and when hungry they eat of the most agreeable substance to be obtained. By these natural instincts and appetites, before the existence of the medical art, the whole animal kingdom was kept alive in health and cured when sick.

This being the case, it would be natural to think that the first attempts of the fathers in medicine would have been in imitation of nature. One would naturally think that they would have studied the manner in which unassisted nature cured her diseases and endeavored to assist herself. Such does not, however, seem to have been their way. They seem to have been imbued with the idea that nature was totally depraved; that every appetite and desire, if granted, would lead to the destruction of the individual; that a sick man unrestrained was bent upon suicide. They seem to have thought that it was their mission to thwart all natural desires. I could show this in many ways—by the painful and injurious dressings to wounds, by the loathsome substances which the sick were compelled to swallow, which we now know to have been injurious, and which, had the patient followed his own desires, would have been avoided.

As science advances, as the natural processes are better understood, as our knowledge becomes more exact, we see the wisdom of these natural desires; and in the treatment of disease we now use many of the same means, and in the same way, which man naturally would have used in following his own desires and appetites. I propose to illustrate this thought briefly, in the manner in which water has been and is now used as a therapeutic agent. It is within the memory of the elder physicians present, when not one drop of cold water was allowed to a patient suffering with fever. No matter how dry his tongue or parched his throat; no matter how delicious it might be to his taste, he must bear his torture. The profession never learned that the use of water was not only harmless, but, on the contrary, beneficial, until the more unruly and stubborn of its patients rebelled under the restriction and drank all the water they wished, being thereby greatly refreshed and benefited. So, also, with regard to the external use of cold water in fevers; it is but a few years ago when anyone who would have proposed such a measure would have been thought a fool. To have sponged the body of a fever patient with cold water would have been thought madness; and to have put one in a cold bath, murder. The fact that a patient longed for the taste of cold water to quench his thirst, and that to have his skin sponged with the same agent was agreeable, does not seem to have operated at all in the minds of his medical attendants as a reason for permitting its use. Perhaps the fact that he desired it was the reason it was denied. But how is it now, since our knowledge has become more exact, and we have learned by the use of the thermometer the elevation of temperature which takes place in fever, and also the power which cold drinks, sponging, and baths of cold water, have in reducing the temperature? We now know that the very means which are agreeable are the best which can be employed.

I have dwelt too long upon the practice of our Fathers. I believe that we, their sons, are today making as great mistakes as they did in going counter to the natural desires and appetites of our patients. The fearful mortality among children during the summer months is greatly due, in my opinion, to the fact that the little ones are not placed in a condition to gratify their natural desires, and mainly from the fact that they are deprived the use of cold water. Children, during the extreme hot weather, perspire freely; this would be caused by the extreme heat; but they are often against their will kept sweltering in flannel garments, which increases their heat and perspiration, and they are consequently very thirsty. If the child cries for drink, the nipple of the nursing-bottle is thrust into its mouth. The child is thirsty, not hungry; but not getting the water which it does want, it takes milk, of which its stomach is already full. The consequence is, the milk, not being digested, ferments; and vomiting, diarrhœa, cholera morbus and death result.

So also in the treatment of dyspepsia this same idea can be illustrated. It is now admitted that the best results are obtained in the treatment of this disease by following the natural desires of the patient, as indicated by his appetite.

This fact is well shown by the case of the late Hon. Charles O'Connor, the distinguished barrister of New York city. He had been a sufferer from some gastric derangement for years, and was under the care of those justly distinguished physicians, Drs. Van Buren and Keyes. He at last became so feeble that a consultation was arranged for with Dr. Austin Flint. Dr. Flint was not able to keep the appointment, and happening to meet Dr. Keyes he so stated. Dr. Keyes then informed Dr. Flint that it would be useless to arrange for another consultation, for the patient was dying and would probably be dead before another day. This news was circulated through the city and was so generally believed that obituary notices of

Mr. O'Connor were published the next day in the daily papers, together with an account of the *post-mortem* examination, and the cause of death stated to be degeneration of the gastric tubules. But, notwithstanding all this, Mr. O'Connor did not die. He commenced eating just such articles of food, and in just such quantities, as he desired, commencing with a little brown bread upon which some sweet preserves were spread. He continued in this course, eating such articles of food as his appetite craved, and lived for many years afterward in tolerably good health.

Lest some should doubt my opinion regarding the benefits to be derived from simply following the natural appetite in cases of this kind, let me quote what Dr. Flint says in a recent lecture:

"It is a sound maxim in medicine that the therapeutic indications derived from science and from nature, as a rule, should harmonize. If they be in conflict, the scientific indications are open to suspicion. I will add, as another maxim, that the true principles of therapeutics are in accordance with the dictates of common sense. If there be antagonism here, when are considered the liabilities to error in scientific deductions, it is reasonable to suspect the correctness of the latter. These maxims are applicable to the dietetic treatment in diseases. Nature's indications as regards diet relate to appetite and the sense of taste. That appetite and taste were intended to govern the choice and quantity of aliment in health no one can doubt, especially if it be added that the indications derived therefrom are to be regulated, to a certain extent, by reason and experience. But it is a popular error that these natural indications are necessarily morbid in cases of disease, and that, instead of being recognized as constituting a governing principle, they are to be opposed. This popular error prevails to a certain extent in the medical profession. How often, perhaps I should say how common, is it that patients with different diseases are denied food when nature indicates the need of it by the sense of hunger! How common, when food is allowed, for patients to be denied the articles of food which they desire and made to take articles which they dislike! I look upon this disregard of nature's indications in the same light as upon the exclusion of fresh air from the sick room, against which Sydenham was the first to rebel, and upon those restrictions in the use of water internally and externally which have not even now become obsolete. The dietetic regulations, in cases of disease, need reform today fully as much as reform was heretofore needed in regard to air and water. It is evidence that science is astray whenever it opposes, instead of coöperating with, the indications of nature."

Were anything more needed to prove the truth of the power of nature to cure disease, I could refer to the success of homœopathy. I do not allude to the modern homœopothist who surreptitiously and dishonestly makes use of potential agents, but to the honest followers of Hahnemann who uses high dilutions and triturations. It cannot be denied but that a fair share of their patients recover, although no sane man can believe that the infinitesimal dose has any effect upon disease.

This interference with natural processes pervades every branch of medicine. Very few women are permitted to have their children in the way which their own inclinations would dictate. They are kept upon their backs or sides at the caprice of their accoucheur, some even going so far as to restrain them in a sort of harness. If she be a primipara, the old women of both sexes deem it necessary to direct when she should hold her breath and when she should bear down. Now, this is all wrong; the girl of fifteen with her first baby knows as well as does her grandmother how to send her baby into this wicked world, and she should be permitted to do it in her own way. She should be permitted to stand, sit, kneel, or lie down upon her back or side, just as she pleases. By giving her every freedom, she will have her baby in the easiest way for herself. Perfection in the arts of painting and sculpture consists in being true to nature. A great elocutionist has said that no gestures are more graceful than those first made by a child. So in the art of medicine; we will do well by closely observing nature and the manner in which she works.

The second mistake to which I wish to call attention is to what I conceive to be an overconfidence in the power of drugs. This overconfidence usually exists to the greatest extent in those minds which underrate the powers of nature. It is the general opinion of the laity, and this opinion is shared by a few of the profession, that for every disease there is a specific somewhere in nature, and that it is the whole duty of the physician to find this specific; to find some drug which will cure this disease, without any regard to the condition of the patient or the stage of the disease. Now, we should remember that disease is a process, and that the laws which govern pathological processes are as regular and orderly as are other natural laws. And just as in the growth of the grain we have first the blade, then the ear, then the full corn in the ear, so in disease we have its different stages of growth and decline, some diseases being necessarily fatal, while others tend naturally to recovery. The duty of the physician is to be able to recognize the disease, to know its natural history, to be able to recognize the different stages, and meet the conditions as they arise. This is so well put in an article on new remedies published in a recent number of the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION, by Dr. J. Chris. Lange, a member of this society, that I cannot resist making the quotation:

"The attempts to control disease by potential agents, irrespective of its natural course, constantly afflict the possessor of this desire with the disappointments and vexations of failure. His not less earnest because mistaken course is thus beset with unpleasant experiences, which are substituted for the satisfaction and pleasure which should cheer the physician as he daily observes the expected and interesting course of diseases and their intrinsic tendency to recovery. A physician who, in the hope of achieving abortive effects upon disease by the exhibition of potential agents, habitually interferes with the normal course of disease, will not grow and gather the reliable

and valuable experience which he would accumulate were he to content himself with observing, and when necessary, directing the course of disease."

It is nature, and nature alone, which cures disease. All that the physician can do is to place his patient in the best condition for the application of her laws. We do not deny that medicines are often useful in removing obstructions which stand in the way of recovery; but they are by no means the only, nor are they the most important, means to be relied upon. Air, water, food, exercise, temperature — in fact, the total environment of the patient — are far more important considerations than the particular drug to be administered. But notwithstanding we know this, and also know that it is clinical experience alone which can establish the value of any drug, still it must be admitted, in the language of Dr. Flint, in the lecture already quoted, that pharmacomania is a form of mental abberration affecting alike certain physicians and patients; the latter have a morbid craving for, and the former an abnormal propensity to prescribe, drugs.

"The pharmacomaniacal practitioner never tires in the use of remedies. He has a distinct drug for every symptom, and remedies are multiplied in proportion as new symptoms appear. One may know that to this extreme a practitioner belongs by a glance at the array of phials, cups and glasses at the bedside of the patient. The prescriptions, which accumulate daily, contain a multiplicity of ingredients, each, perhaps, designed for a particular object. His patients after recovery have a large collection of souvenirs consisting of the daily surplus of prescribed remedies. To the apothecary he is a 'joy for ever.' A catalogue of the medicaments presented by the apothecary as a memento shows that Molière did not exaggerate in the enumeration with which he opens his play, '*La malade imaginaire.*' The pharmacomaniacal practitioner is never discouraged in the use of new remedies. He reads medical treatises and journals with special reference to these, and he loses no time in giving his patients the benefit of all in succession. As one new remedy after another becomes obsolete in consequence of having been found useless or injurious, he relinquishes it only to supply its place by one still more recent, always accepting the latest with as much avidity as he had accepted the remedies which he has discarded."

The manner in which the ignorant public run after and swallow patent medicines, which are advertised in the public prints, is not more ridiculous than is the credulity exhibited by members of our profession in the statements regarding drugs and medicines. We are made the dupes of the pharmacist and manufacturing chemist. Some plant or root is found in New Mexico or upon the Rocky Mountains, having a peculiar taste or smell, and forthwith the manufacturing chemist (all for the good of the profession) makes an extract from it and sends it forth to the world with recommendations from doctors of high and low degree. Agents are employed, and forth with every doctor's office in the land is abundantly supplied with samples of this most wonderful extract, together with recommendations from the aforesaid endorsers, men entirely unknown to the profession. That these remedies are extensively used no one can doubt who visits our drug stores. To my mind this is humiliating. We have in our possession remedies which have stood the test of time, and long clinical experience; and to withhold these, if our patients need anything, and prescribe remedies whose claim of value rests upon no solid basis, is to be unjust to our patients. Practitioners who are constantly testing new remedies, in the hope of finding specifics, can have but little knowledge of morbid processes; and their patients are as wise as they when, after reading the advertisements in our public newspapers, they resort to the use of patent medicines. Indeed, the prescribing of the remedies which are put up in such attractive form by the manufacturing chemist is alike detrimental to the profession and to the public. The manner in which they are put up, the character of the recommendations which accompany them, the explicit directions given as to the manner in which the remedy is to be used, bear evidence that, although they are addressed to the profession, the design is that they shall be used by the people without any advice from the physician. But whether this be the intention or not, the fact is that they are so used by the public, and the physician who habitually prescribes these remedies is an unpaid agent, and a dupe, of the manufacturing chemist. His patients soon acquire the habit of going to the apothecary for their medicine, without going through the formality of calling upon the doctor. In the morbid desire which so many ignorant people have of everlastingly "taking something," potential agents are taken where they are not indicated, and to the injury of those taking them. Had the patient not been initiated and instructed in regard to the use of these new and elegant preparations, he would have sought advice, to the mutual benefit of both physician and himself.

The arrival of every mail brings to me, as I have no doubt it does to each one of you, a bundle of circulars laudatory of new compounds. At this moment, as I sit at my table, I see pamphlets containing the names Hydroleine, Celerina, Tonga, Tongaline, Oleo-chyle, Mentholine, Bronchines, Gastrines, Gonorrhœaines, and a host of other compounds with equally euphonious names. Among the other rubbish that encumbers my table and overruns the waste basket, are half a dozen journals devoted to the science of pharmacology and the introduction of new therapeutic agents. These journals are chiefly devoted to the introduction of new remedies. The recommendations of the preparations are very similar in character and style to the advertisements which accompany patent medicines.

It is plain to see, from their strictly scientific (?) titles, that they are meant only for the medical profession. Is it not time that a halt was called upon this intolerable nuisance? It should be discouraged in every possible manner. The whole business, including agents, samples and pamphlets, should be refused admission to our doors. Let us no longer be made the dupes of these manufacturers. Let us return to the use of the extemporaneous prescription.

I do not deny but that we are indebted to the manufacturing chemist for the elegant form in which they have presented some of our old remedies, but I do assert, without the fear of successful contradiction, that they have never, by the methods which they have adopted, given to us a remedy which has stood the crucial test of clinical experience. The manufacturing chemist is but an apothecary upon a larger scale, and it is time enough for the apothecary to compound a prescription after it has been written by the physician. The physician should be the pioneer in every case. Thanks to our colleges of pharmacy, we have now at most of our apothecaries men able to compound with elegance any prescription which we may need. Let us encourage these men, and give our prescriptions to only such druggists as will refuse to have upon their shelves *the ready made compounds* of either the patent-medicine vender or of the manufacturing chemist. By adopting some such course we could benefit ourselves, advance the science of pharmacology, and at the same time be of service to the public. Let the manufacturing chemist provide the chemicals and active principles. Let the physician do the prescribing, and let our own apothecaries do the compounding. By thus dividing the labor, and each one attending strictly to his own business, the best results will be obtained.

The physician who prescribes for a patient should have a definite aim. The remedies which influence morbid processes are not numerous; and it is better to select one of these remedies than to be running after untried agents. The physician should know well what he wishes to accomplish, and his prescription should be loaded, aimed and fired more like the rifle than the shotgun.

It is just this overconfidence in the power of drugs, and want of confidence in nature, which enables the charlatan to impose upon the public. "God cures the disease and the doctor takes the fee," is a phrase which is more often true than many think. It is no mystery to us that patients should recover while under the care of the hair-doctor, the laying-on-of-the-hands doctor, the faith-cure doctor, the infinitesimal-dose doctor, or no doctor at all. We know and recognize the ability of the "*Vis medicatrix naturæ*" to cure, and often in spite of very bad treatment. But to the public these recoveries seem marvelous, and only because of its overconfidence in remedies. Once teach the people the truth concerning the power of nature, and the occupation of the quack will be gone.

I contend that this overconfidence in drugs has been kept alive by *the use of the placebo*, which is my third point, which we will now consider. In a book published a few years ago, entitled "The Physician Himself, and What he should Add to His Scientific Acquirements," the manner of using the placebo is given in detail. This book has had a wide circulation, and has been highly recommended. Its author is a professor in one of our most prominent medical colleges. I would not allude to this book at this time, were it not that I believe its teachings to be pernicious upon the mind of a young man just entering our profession.

After telling us that a very good placebo is the No. 35 unmedicated homœopathic globules, a box of which can be purchased for thirty-five cents, he says: "Placebos not only amuse and satisfy people, but you will be surprised to hear that some full-of-faith persons are chanting your praise, and are actually willing to swear that they are cured of one or another awful thing by them. Cheated into health by globules, or teaspoonful doses of flavored water, or licorice-powder, as if by charm, some of whom seem to be magically benefited by a teaspoonful of —nothing, will actually thank you for saving their lives. What a sad comment on the discerning power of the nineteenth century! What a sad comment on medicine! What a gold-mine for quackery! Never prescribe bread pills; it is not right to make a patient pay for bogus medicine!"

I have no comment to make upon such teachings as this. Surely the time of young men preparing for a learned and honorable profession could be better employed than by learning how they could best impose upon a too credulous public. But there are other men—men of high standing in the profession—who, although they would blush to give such instruction as is given in the "Physician Himself," nevertheless, in their practice do not hesitate to prescribe medicines where there are no indications for their use. Not long since a patient of mine afflicted with a malignant disease made a tour among the physicians of New York and Philadelphia for the purpose of getting additional advice. He returned with his wallet well filled with prescriptions from the most eminent medical gentlemen of these two cities, prescriptions which the men who gave them must have known were utterly worthless, so far as any effect they could have upon the disease. So, also, at consultations, where eminent council has been called, perhaps from a distance. Do we not often hear in the consultation room such language as this: "Doctor, the disease of your patient is pursuing its regular course toward recovery, but it will, perhaps, be better, in order to amuse him, that he should have something to take"; or this: "The fatal termination cannot be averted; but still we will be expected to prescribe something"; and in both cases the inevitable placebo is the result. The custom of prescribing remedies in cases in which the disease is necessarily fatal, or else tends naturally to recovery, or in any case in which the morbid process is pursuing a course from which it cannot be diverted, is to pander to a popular prejudice. It is undignified; it encourages quackery. Popular prejudices in regard to medicine have their origin in the medical profession, and it is this custom of always prescribing a drug in every case of sickness which has educated the people in the belief that for every disease there is a remedy, and that in the form of some drug. This erroneous impression is kept alive by the use of the placebo.

The confidence in the powers of drugs is so rooted and grounded in the minds of the people; it is so much a fact of the warp and woof of their nature that it is not likely that it can soon be eradicated. The measure of the life of everything is the period

of its growth, and as it has required many centuries to bring the mind of the people to its present condition, it will probably be many years before it can be changed. This being the case, there can be no doubt that the physician who practices medicine solely for worldly gain will probably succeed better by giving than he would by withholding drugs. The average man who opposes popular prejudice generally succeeds in making a martyr of himself, and the average physician, who would only give a medicine when he saw a clear indication for its use, would probably soon be so disgusted with his want of success that he would either leave the practice of medicine, or the practice would leave him. The English historian Macaulay says: "He is the successful man who appreciates the spirit of the age in which he lives." The word successful is here used in its commercial sense. If success is the measure of appreciation, there can be no doubt that the manufacturing chemist, the patent-medicine vender and the quack fully appreciate the spirit of this age. The evidences of their prosperity can be seen in their palatial residences and the imposing blocks which they have erected in most of our large cities.

Were I addressing a society of young men preparing for the practice of medicine, who desired success, simply in this commercial sense of the word, I would advise them to study the spirit of the age. I would tell them to take a six months' course of lectures at some cheap medical college, to supply themselves with the life of P. T. Barnum, a copy of "The Physician Himself," and take a journal on new remedies. With these three books, together with a handsome case well filled with placebos, and a fast trotting horse attached to a doctor's phaeton, he would have all that was necessary. Thus equipped, the young fledgling would be able to outstrip and ride down many men of ripe experience and rare attainments,—many modest, truthful, honest men, the latchet of whose shoes this impostor would not be worthy to unloose. But I trust I am addressing men who have a higher aim than the mere money which they can extract from the pockets of their patients. No amount of cheap notoriety or of ill-gotten gain can bring the happiness to its possessor which the conscientious man has in the faithful performance of duty. In the language of Dr. Flint, "The physician of the future will not be regarded as a mere therapeutist, but will be looked upon as a medical counsellor, whose duties embrace the preservation of health and the *prevention* not less than the *cure* of disease. When this time comes patients will congratulate themselves and be congratulated by their friends when it is decided by their physician that no drug is required."

If we can scarcely excuse the young physician struggling for a livelihood and for position for yielding to popular prejudices, we have no words which will express our contempt for the men in the front rank of the profession who resort to such contemptible practices. Authors of medical works, professors in our medical colleges, who take advantage of the ignorance of a patient to extort a paltry fee, are little better than impostors. We can never cure quackery by resorting to the tricks of the quack. In this case, at least, the doctrine "Similia Similibus Curantur" will not work. So long as such customs prevail, the public cannot be educated into proper ideas regarding disease and its remedy; nor will they be able to distinguish between a recovery and a cure. When we give up the use of the placebo, and only prescribe a drug when it is clearly indicated; when we teach our patients the fact that the majority of diseases are self-limited, that others are necessarily fatal, and that there is still another class which can be greatly benefited by the judicious use of remedies; in a word, when we are honest with the public, we will receive the confidence which we deserve, and then, and not till then, will we rise above the charlatan, and all forms of irregular practice will be impossible.

Before closing, I wish again to enter my solemn protest against this continual interference with natural and salutary processes. I protest against it in the name of helpless infancy, whose cries for natural wants go unheeded; I protest against it in the name of sick and suffering humanity, whose natural desires and appetites are disregarded; I protest against it in the name of science, which is thereby disgraced; and finally, I protest against it in the name of God himself, whose wise laws are so ruthlessly violated.

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INCISED INJURIES OF THE PHARYNX, ŒSOPHAGUS AND TRACHEA, AND THEIR TREATMENT.

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Whatever may be the extent of incised injuries of the pharynx, the œsophagus or the trachea, they are not necesssarily fatal. In the operation for tracheotomy incisions are usually made in a vertical direction, and in themselves are not serious; that is to say, the patient seldom perishes from the effects of the operation. In operations upon the œsophagus, where the incisions are also made in a vertical direction, statistics show that the percentage of deaths after such operations is small, and that the deaths which do occur are due to accidental complications, such as might occur after surgical operations in other portions of the body, rather than to any special predisposition which might exist in this particular œsophageal region.

That which applies to injuries of the trachea and the œsophagus and their treatment, also applies to injuries of the pharynx and their treatment. There is, perhaps, no class of incised wounds which the surgeon is called to treat, in which he experiences so much difficulty and hindrance to what we understand as "union by first intention," as in the class of injuries referred to in this paper. Especially is this true when the wounds are transverse; the principal hindrances to early union being the acts of respiration and deglutition, and the almost impossibility of fixing the head firmly.

We have thus far referred chiefly to the wounds as made in operations on these parts. The class of

wounds which we are most often called to treat are those inflicted with murderous or suicidal intent. Wounds inflicted with the latter motive are in most instances of a transverse character, while those inflicted with the former motive are likely to be of varying direction. In the treatment of these injuries, too much care cannot be exercised in, first, the ligation of bleeding vessels; second, in the careful and thorough approximation of the cut surfaces; and third, perfect fixation so far as this is possible. The silk or animal ligature may be used for ligating or suturing purposes.

When there is a transverse severance of the trachea (especially when the severance is complete) several sutures should be placed in such a manner that the suture will be supported by a ring of cartilage above and below; for this purpose the animal ligature should be used, and the ends cut close; the other sutures used in the approximation of the trachea are, perhaps, as comfortable, and quite as efficient. When silk is employed, it should be passed through the muscular tissues upon the surface of the trachea only; one end should be cut close, and the other brought to the surface between the superficial sutures. The ligatures, if any are necessary, should be treated in a similar manner as the sutures last described. The advantage to be derived from this plan of treatment is, that by having several sutures embrace the cartilage, one is much more certain of securing the edges of the wound for a time sufficiently to secure union by first intention—at least at some points, if not throughout; and, by allowing the ends of the deep sutures and ligatures to pass to the surface, between the superficial sutures, a perfect drainage is established, thereby guarding against abscess formation, and consequent hindrance to the rapid union of the deeper parts; and yet so trifling an interference to the union of the superficial parts that it practically amounts to nothing. Another advantage in allowing the ends of the deep sutures to protrude, as suggested, is that when they become detached they are easily removed, and are no longer a source of irritation to the parts. The same applies to treatment of wounds of the œsophagus and pharynx when sutures are required; except that here the sutures should all be passed through the entire wall of the injured part, and be placed at intervals not exceeding one-quarter of an inch; this last suggestion should also be observed in placing sutures in the trachea.

The more superficial parts should now be cleansed of clots, and neatly approximated by interrupted superficial sutures, which may consist of any convenient substances. I have found the silkworm-gut suture an admirable article, producing, perhaps, less irritation than anything I have ever used in the way of a suture. Compresses and bandages, together with adhesive strips to secure the fixation of the head, complete the dressing, which should not be removed for at least three days; and if no particular indication for the removal of the dressing arise, it may be allowed to remain undisturbed for a longer time. The patient should be nourished *per rectum* during this time; afterward he may and should take food into the stomach through a suitable tube, until such time as (when the œsophagus is the injured part) he is able to take liquid food in the usual manner, and without leakage through the œsophageal wound into the trachea, when the latter is involved in the injury. Should the parts not satisfactorily unite, much may be done to hasten the closure of the wound by scarifying the now granulated surfaces, and by re-suturing. In injuries of the trachea, or in operations such as tracheotomy, etc., the patient is best nourished by means of a stomach tube, when of such an age that he can be made to understand the advantage to be derived from this method of taking food. The advantage of tube nourishing is mainly the insurance of less movement of the parts than when food or drink is taken in the usual manner.

This plan of treatment was adopted, in the main, with excellent results, in the following case:

Adult male, aged about 30. About 2 A.M. cut his throat with jack-knife, bled and fainted; recovered consciousness, and about 6 A.M. cut it again, bled and fainted; recovered consciousness, and about 11 A.M. grasped the trachea with one hand and the jack-knife in the other and deliberately severed the parts between the upper portion of the larynx and the hyoid bone, so that when the head was thrown back there was a gap of several inches between the hyoid bone and the upper surface of the larynx, and only about an inch (in breadth) of the posterior wall of the pharynx remained intact, all the tissues from the carotid artery of one side to the carotid of the opposite side being severed, and both these arteries exposed to view. It may be here stated that the patient was discovered about 1 P.M. of same day, clothing, bedding and floor of room saturated with blood, and he almost pulseless.

Seeing what he had survived thus far, I gave it as my opinion that he had about one chance in a thousand for recovering. In this I was discouraged by the positive statement from two competent surgeons who assisted in dressing the wound that the man could not possibly recover, and that all the time spent in trying to thoroughly, properly and carefully dress the wound would be in vain. He recovered in a manner which was very surprising. The moral which may be drawn is: Always give the patient a chance for life; he is entitled to it.

204 E. Main St., Marshalltown, Ia.

NOTE ON THE TREATMENT OF DROPSY BY CONCENTRATED SOLUTIONS OF SALINE CATHARTICS.

BY WM. G. EGGLESTON, A.M., M.D.,

OF PHILADELPHIA, PA.

In the London *Lancet* for April 21, 1883, Mr. Matthew Hay gives the details of an interesting case of dropsy treated by the use of concentrated solutions of saline cathartics. This was suggested to him by observing, during the course of an investigation of the physiological action of saline cathartics, the effect of the administration of such a cathartic on the concentration of the blood. He succeeded in "demon-

strating from experiments on man and dogs that if the salt be given in a concentrated solution when the alimentary canal contains little or no fluid, it produces an almost immediate and very decided concentration of the blood, owing to the blood becoming deprived of a large amount of its water through the intestinal secretion which the salt excites." He found, however, that this concentration of the blood does not occur if the salt is dissolved in sufficient water, or if the alimentary canal contains sufficient fluid at the time of administration. The amount of rapidity of this concentration was quite remarkable; the maximum was reached within half an hour after the injection of the salt, and in the case of a man to whom sulphate of soda ℥vj, dissolved in water ℥iij, had been given, the number of blood corpuscles in each cm. of blood rose from 5,000,000 to 6,790,000. Mr. Hay found that this concentration is reduced to normal in about four hours, and thinks that this reduction is not due to the absorption of fluid from the intestines, but "by the abstraction of lymph and other fluids from the tissues."

The illustrative case given by Mr. Hay was one of ascites from organic heart lesion. A dilute solution of a saline cathartic had been administered a few days before he saw the patient, but with none other than slight relief. He ordered as little as possible food and liquids during the night before the administration of the saline and sulphate of magnesia ℥vj dissolved in two tablespoonfuls of water—no water to be given afterward. The result was that in twenty-four hours after first seeing the case the anasarca was greatly diminished and the dyspnœa almost gone. The purgative action of the salt began in less than an hour after its administration, and there were several evacuations in the course of the next few hours. In a few days the dropsy had disappeared, and there was no return during the month of observation. Mr. Hay remarks that he has found this treatment more useful in general than in local dropsies, and of general dropsies most beneficial in those dependent on a stasis of the circulation, as cardiac dropsy. This remark has induced me to submit the following case, illustrative of the efficacy of this treatment in a local dropsy, not dependent on heart lesion:

Robert C——, aet. 25, came under observation on August 28, 1881, with history of a severe cold and cough, with pain in the left side of the chest, about four months previously—April. Since that time he had noticed that although the pain was absent there was an uneasy feeling in that side of the chest, and there was a gradually increasing dyspnœa. The patient was thin and sallow, but little cough; respiration, 30. He was unable to take a full inspiration. On examination of the chest there was flatness on percussion over the whole of the left side up to the clavicle. There was no respiratory movement on this side of the chest, while it was increased on the right side. The apex beat of the heart was on the right side of the sternum. These, with other physical signs, showed that the case was one of pleuritic effusion (Aspiration, with a large needle of a hypodermatic syringe, showed the fluid to be sero-fibrinous). Fearing, from the amount of effusion and the length of time during which it must have been going on, that the left lung would be seriously impaired, I proposed tapping, but the patient would not consent to this. He had taken, on the previous day, by the advice of a friend, half a teaspoonful of calomel, which had already begun to affect him in an unpleasant manner. He was ordered to abstain from water and liquid food as much as possible, and to take, the next morning, sulphate of magnesia ℥vj, in less than half a glass of water.

When the patient was seen two days afterwards, there was a marked decrease in the amount of effusion. The level of the fluid was between three and four inches below the clavicle, the dyspnœa had decreased, and with the exception of weakness, the patient felt better. The salt had operated first in about three quarters of an hour, and during the day there had been eight other large watery evacuations. As the patient said, the water had literally poured from him. Another dose of the salt, ℥iv, was ordered to be taken the next morning, August 11. When seen on the 12th, the fluid was still further diminished, and fl. ext. jaborandi ♏xx administered, which produced a copious perspiration. On the 15th of August the fluid had almost entirely disappeared from the chest, the lung had resumed its functions, and there was no dyspnœa. When last seen, February, 1883, there had been no return of the fluid.

Mr. Hay remarks that the alteration of the volume of the blood takes place apparently without any change in the blood pressure, and the blood would, therefore, appear to abstract the tissue fluids in virtue solely of its concentrated condition; also that the "presence of the salt in the blood may also influence the tissue fluids by acting on them endosmotically." It would seem, however, that the presence of the sale in the blood could scarcely be reckoned as a factor in this action. The concentrated condition of the blood would be sufficient for an osmotic action into the vessels from the tissues, and seeing that the fluid in the intestines is so much more saline than the blood, exosmosis would not be likely to occur even to a limited extent, sulphate of magnesia being of such low diffusive power that it does not readily find its way from the intestinal canal into the blood.

The fact noted by of Mr. Hay, that the concentrated saline cathartic removes the fluid both by the intestines and kidneys was noticed in the case of my patient. While sulphate of magnesia produces such an abundant intestinal secretion, there is but little intestinal irritation and systemic disturbance; and its great solubility is a point in its favor, as it is not necessary to take the large amount of water which would be required to dissolve some of the other salines, as sulphate of soda. This rapid removal of fluid by two channels is an important consideration in critical cases of dropsy, and is worthy of a further trial.

PROFESSOR THEODORE VON FRERICHS, of Berlin, is dead. The fourth German Medical Congress, which will be held in Wiesbaden from April 8 to 11, was to have been under his presidency.

MEDICAL PROGRESS.

MATERIA MEDICA AND THERAPEUTICS.

THALLIN, A NEW ANTIPYRETIC.—Dr. Rudolph von Jacksch has made a report on this drug to the Society of Physicians, of Vienna. He (*Glasgow Med. Jour.*) examined the physiological and therapeutical properties of a number of chinolin bases, as newly combined by Dr. Skrauss, and found that certain of these bodies, *e. g.*, chianisol, which, according to Skrauss, forms the half of the quinine molecule, possesses only slight and ineffectual therapeutic power. Further, one of these bases—the tetrihydroparaoxychinolin, possesses a poisonous influence on the lower animals. After a number of experiments, he obtained a chinolin base, which he defines as a hydrated parachinanisol, and which he found to operate very energetically on a fever temperature, and also to possess tolerably strong anti-fermentative powers. In 0.2 per cent. solutions its salts retard the ammoniacal fermentation of the urine. A preparation of ½ per cent. completely suspends this fermentation. Similarly, they tend to restrain the fermentation and decomdosition of milk, and the alcoholic fermentation of sugar. The salts of this base comprise the tartrates, sulphates, and hydrochlorates. Chemically, when treated with the chloride of iron or with oxidizing substances generally, they produce green colored salts. Accordingly, Skrauss has named the base thallin. Besides these salts, another thallin base was used, viz., æthythallin; this gives a red color with chloride of iron. Jacksch treated 86 consecutive cases of fever with these salts. He was able, by giving this remedy 2–3 hours before the expected attack, to subdue the fever and all other symptoms of the attack, as headache, sweating, etc., and to cut short a fit of the fever already present, but could not cure a single case of intermittent fever without finally prescribing quinine. The same effect was produced on typhoid—a fall of temperature of several degrees in a few hours; also with acute rheumatism, measles, puerperal septicæmia, pneumonia, erysipelas and tuberculosis. One symptom, the fever, is quickly reduced; all the other symptoms remain

The thallin salts, then, as also æthythallin, in combination with hydrochloric acid, are excellent antipyretics, as in doses of ¼ grm.—certainly in doses of ½–¾ gr.—they produce a very noticeable fall of temperature, in most cases amounting to several degrees. The fall of temperature is almost always accompanied by copious sweating. The lowest point is reached, usually, 3–4 hours after exhibition of the drug, and the rise follows in the course of 4–5 hours. As to the urine, after the exhibition of the drug it contains no albumen, sugar, or biliary matter. Its color is brown in a thick layer, green in a thin layer. With chloride of iron, it takes on a red color. The salt formed by combihation of sulphuric acid and thallin appears to act somewhat more energetically than the other two. The hydrochlorate of thallin is somewhat less active than the above-named salts in its effects on fever. They act, in many respects, similarly to kairin; they possess, however, many important advantages over it. They act more promptly. Kairin in the fever of tuberculosis is almost worthless; thallin, on the other hand, proves itself very powerful in this very fever. Kairin, besides producing sweating and rigors, occasions vomiting, cyanosis and collapse; these latter symptoms are not seen in the case of thallin. Dr. Jacksch, after discussing the subject at some length, draws the following conclusions:

I. Thallin preparations are conspicuous antipyretics; still, they are not specifics.

2. Among the thallin salts, that one which is in combination with sulphuric acid chiefly recommends itself for further experiments.

3. Their employment is indicated in those cases in which fever is very persistent, or where, owing to the high temperature, the patient is placed in danger.

MEDICINE.

THE ALKALINE TREATMENT OF DIABETES.—Dr. Minkowski (*Archiv. für experimentelle Pathologie*), says that large quantities of oxybutyric acid are sometimes present in the urine of diabetics, and the two cases in which the presence of this substance has been carefully noted died of coma. He suggests that the cause of death was the loss of alkali from the organism, due to the presence of the large quantity of acid. Walter has shown that the introduction of acids into the blood of herbivora causes symptoms like those of diabetes, especially the peculiar dyspnœa, but the same result was not obtained in carnivora, or in a man. But he has tried the effect of giving alkalis in a case of diabetic coma, by introducing a large quantity of sodium carbonate by the mouth and rectum. Although the patient ultimately died, he recovered consciousness, and expressed himself better. The *post mortem* examination was negative. The results of Minkowski's researches give additional support to the alkaline treatment of diabetes, which has enjoyed much repute. Le Nobel, in a recent paper, says that acetic, formic and sulpho-cyanogen compounds, all of which may occur in the urine, give a red coloration with ferric chloride, which appears on acidulation, but not on heating. This last characteristic is the only means of distinguishing these compounds from aceto-acetic acid, so that after obtaining the color reaction, the effect of heat must be tried, and wherever the color does not disappear, the presence of aceto-acetic acid must be regarded as doubtful.—*The Medical Record, Feb. 7, 1885.*

EPHEMERAL ŒDEMA OF GOUTY ORIGIN.—Negel, of Jassy, reports (*Le Progrès Médical Practitioner*) an interesting case of a lady, aged 40, strong and stout, who had been subjected to malarial influences, and who had complained at times of rheumatic pains, situated principally in the joints. She was, moreover, very nervous, but had never had any chilblains. She was liable to gastric attacks, with vomiting, meteorism and pain. Ten years ago, when bathing in a river, her whole body became swollen, and her skin itched violently. This accident did not recur till 1881. From that time whenever she washed her

hands in water at the ordinary temperature, in from two to five minutes she felt frightful itching in the fingers, sharp pain, a sensation of burning and constriction, like a biting heat; some minutes after the fingers swelled, becoming red and shiny; the local temperature was a little raised. The swelling did not pit on pressnre, but the redness disappeared, to return immediately. At the end of one to three hours all had passed away. According to her own statement, this same swelling might occur in the feet, arms, nose, ears, or any part of the body. It might occur also from cold, or contact with any cold body. The nose or ears were often attacked when she went out of doors. The urine was free from albumen and sugar. On the supposition that the phenomena depended upon gout, salicylate of sodium and liquor arsenicalis were prescribed, with two alkaline baths weekly. At the end of a month she was completely cured, the attacks no longer recurring under the influence of any of the above mentioned causes.

THE PATHOLOGY OF CHEYNE-STOKES' BREATHING.—Some histological alterations in the bulb and pneumogastric nerves, to which changes he attributes the phenomena of Cheyne-Stokes' respiration, have been recently discovered by Tizzoni. This mode of respiratory rhythm consists in the presence of a prolonged pause followed by respiratory movements, at first slow and superficial, but gradually rising in frequency and increasing in depth, again slowly to decrease. So much misunderstanding has arisen on the subject of what is and what is not meant by this named mode of respiratory rhythm that Tizzoni has done well to state precisely what it is that he meant. In one of his cases there was organic heart disease, and the respiratory phenomena lasted forty days. At the autopsy chronic inflammatory changes were found ascending the vagi, with blood extravasation into the lymphatic spaces of the perineurium and endoneurium. On the left side only the peripheral portion of the nerve was affected, whilst the right nerve was altered along the whole of its course, even to its origin. In the bulb the changes existed in the form of small foci, and were also more marked on the right side. The point where the alterations were most prominent was beneath the ependyma over the longitudinal furrow of the calamus scriptorius. In a second case, which was one of uræmia, the phenomena were observed for several days. The vagi were normal, but the superior half of the medulla oblongata presented lesions similar to those just described, though less pronounced and symmetrical.—*Lancet.*

SURGERY.

TELESCOPIC CATHETERIZATION.—Dr. A. E. Dugas, of Augusta, Ga., gives an account of a method employed by him in cases of retention from so-called impermeable stricture of the urethra:

He takes the largest sized gum-elastic catheter which will enter the meatus, passing it down until arrested at the narrowed portion of the urethra. It is then withdrawn, cut off just above the eye, the edges smoothed off, and then reinserted. When it has passed as far as it will go the end is cut off about an inch from the meatus, and the rest of the tube tied so as to prevent slipping from the canal. Now another catheter is chosen of a size that will pass through the one *in situ*, and is inserted as far as it will go. It will probably pass farther than the first one, but if not, a smaller size must be selected. If this do not enter the bladder it is to be passed as far as possible, and then the eye cut off as in the first case. Now a third catheter passed through number two will almost surely enter the bladder, except in the very worst cases. The larger or outer instruments serve, Dr. Dugas states, not only to ward off and exhaust the contractions of the urethra, but also act as a stiff handle to direct and guide the smaller and more flexible instruments passing through them.

In connection with this subject the writer states his belief that a great many more cases of retention of urine are due to some slight derangement of the kidneys than to the urethra. And he says that he has "frequently relieved such cases like magic by a dose of nitrate of potassa, say ten or fifteen grains, twice a day or oftener. The trouble is not that there is too much water in the bladder, but that what water is there is very irritating, and the urethra being more or less strictured, revolts against its passage."—*Medical Record*, Feb. 21, 1885.

PALATO-PLASTY.—Dr. Ulysse Trélat has made an interesting communication to the Paris Academy of Medicine on this subject. After discussing his reasons at considerable length he lays down the following precepts:

1st. Plastic operations upon the palate should not be attempted at an earlier age than seven years. Before that time they are dangerous, compromising, or useless.

2d. Those who are to be operated upon should be submitted to a very careful education as soon as they pronounce their first words up to the time of operating, and the same should be persisted in after the operation. This is the only means of avoiding deception and hastening the period of functional cure.

In forty-six cases of this operation Dr. Trèlat has not lost one. He operates on his patients while they are in the horizontal position, the head hanging down over the edge of the bed; this raws the blood away from the œsophagus and bronchi, and it passes out through the nostrils where it can be sponged. Anæsthesia must be complete. The operator places himself behind the head of the patient, and during the entire operation the mouth is kept open by an oral speculum, which separates the teeth on either side and depresses the tongue. The operation should not take longer than thirty to forty minutes. The suture being firm and the parts yielding, the patient may be nourished on the evening of the operation by liquid food, which should be continued for ten or twelve days. In favorable cases a cure is effected in four days. Frequently the sutures have been removed on the third day, and never left to the sixth day. Careful treatment is continued for a week longer and the cure is complete.

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THE EDITOR of this JOURNAL would be glad to receive any items of general interest in regard to local events, or matters that it is desirable to call to the attention of the profession. Letters written for publication or containing items of information, should be accompanied by the writer's full name and address, although not necessarily to be published. All communications in regard to editorial work should be addressed to the Editor.

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JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.—SUGGESTIONS FOR FUTURE MANAGEMENT.

Three principal sources of embarassment have been encountered in conducting the JOURNAL thus far, the brief statement of which will naturally lead to the important suggestions for improvements. First, the absence of any definite rule in regard to the time when members of the Association who do not attend the annual meetings shall pay to the treasurer their annual membership dues, has led so many of them into the habit of postponing such payment until near the end of the year, that the editor or business manager of the JOURNAL cannot know, even proximately, at the commencement of the year how many copies will be needed to supply the membership, nor can he have any reliable knowledge of the amount of money which will be available for paying for editorial work, in the various directions necessary for making the JOURNAL what all parties wish it to be. For instance, in each of the two past years, the Board of Trustees have sanctioned contracts for printing, mailing, etc., calling for an expenditure of $11,000 or $12,000 per annum, and authorized the expenditure of $6,000 more for editorial work. Yet, at the commencement of each of those years, there was actually in the treasury hardly more than half the amount necessary to pay the printing contract for the year, while the amount required for paying the other half and all the editorial expenses, was still in the pockets of the permanent members and subscribers, where a large part of it remained until the last half of the year. Had the $17,000 or $18,000, authorized to be expended by the Board of Trustees, been actually in the treasury at the beginning of the year, the Editor could have safely employed, at once, a number of assistants, representing the principal departments of medicine, and regularly drawn on the treasurer every month for their pay, as well as for the pay of the printer. Had he attempted to do this, however, under the existing state of finances, he would have drawn every dollar from the treasury during the first six months of the year, and the work would have stopped for want of funds to pay either printing or postage.

The Editor, knowing full well that the two last named items must be provided for as an essential step towards success, ventured to employ only one Assistant Editor, whose duty was to keep the department of the JOURNAL devoted to "Medical Progress," well filled with carefully selected and condensed material of interest and value, paying him monthly. By deferring all pay for his own services, and limiting thus the number of paid assistants, he conserved enough in the treasury to pay all publication expenses promptly, and at the end of the year from the later collections, received for himself a reasonable remuneration for the editorial work performed, and left a surplus sufficient to pay the other current expenses of the Association, as shown in the three preceding editorial articles upon this subject. Adhering to the same cautious policy thus far during the second year, though employing nearly double the amount of paid editorial assistance, promises to be attended by still better results. Yet it is easy to see that the whole business of editing and publishing the JOURNAL, could have been conducted with more satisfaction and efficiency, if the whole amount due from members and subscribers had been actually in the treasury at the beginning of the JOURNAL year. As all members who attend the annual meetings are required to pay their dues before registering, we think the Association, at its coming meeting in New Orleans, ought to adopt a rule that all permanent members should pay the annual dues before the first day of July of each year. And if any defer payment until a later period, they should forfeit all claim for back numbers of the JOURNAL to complete the volume already in progress of publication at the time of such payment.

Second. Another source of annoyance, if not of of positive embarrassment, especially during the present year, has been the neglect on the part of the officers of the sections and of members presenting papers to comply with the by-law of the Association,

which declares all papers, reports, addresses, etc., presented to the association, or in any of its sections, to be the property of the Association, and to be published exclusively for its benefit; or with the resolution adopted at the meeting in Cleveland, which requires all addresses, papers, reports, or other written documents to be transmitted directly to the editor of the JOURNAL, or as soon after the adjournment as possible. During and after the late meeting in Washington, the papers of the section of surgery and anatomy were the only ones that were transmitted to the Editor in accordance with the by-law and resolution just referred to, while those of practical medicine, obstetrics, and others were delayed in reaching the office of publication from two weeks to three months or more. In the meantime they were accessible to the reporters or agents of other medical periodicals for making as liberal abstracts as they desired.

It is desirable to have the president's address appear in the JOURNAL of the Association issued during the same week of the annual meeting, and one of the addresses of chairmen of sections each succeeding week, until all the addresses have been published in the order in which the sections stand on the official records; while the papers should be arranged in such order as to give a fair variety of original matter in each number of the JOURNAL, giving special preference only to such papers as embody the results of original important investigations. It is needless to add that the delay in transmitting the papers and addresses during and after the meeting in Washington, was such as to entirely prevent any such order of publication as we have indicated.

We would afford the reporters and agents of other medical journals, all reasonable facilities for attending and making such reports of the proceedings of the association, and of its sections, as they might choose to make. But so long as the Association publishes a journal of its own, and expects that journal to publish all papers, addresses, etc., in full, that may be referred for such publication, both officers and members should have sufficient interest in its support, to promptly and faithfully comply with the by-law and resolution of which we have already given the substance.

Third. The third source of embarassment met with in the management of the JOURNAL, is inherent in the present plan of annual contracts founded on bids made by different parties and in different localities. But this leads directly to the question as to the best mode of publication for the future, and is of sufficient importance to justify a more full consideration in the next issue of the JOURNAL.

THE SOLAR PLEXUS IN ITS RELATIONS TO DYSPEPSIA.

M. LEVEN, in a recent communication to the Société de Biologie, insists on the fact that the action of medicinal substances on the digestive tract cannot be explained by a direct action on the mucous membrane and the solar plexus, but that they determine their effect by exciting that plexus. He has been led to adopt this view from clinical as well as physiological observations. Whenever the solar plexus is excited, the mucous membrane of the stomach becomes congested and dyspepsia results; in other words, dyspepsia is the direct result of excitation of the solar plexus.

But is not exhaustion of the cerebro-spinal system or of the solar plexus as frequent and important a factor in the etiology of dyspepsia as excitation? It is universally admitted that mental distress and excitement, great anxiety and physical fatigue constitute frequent causes of dyspepsia. Leven claims that this mental distress and physical prostration are forerunners, causes of sympathetic excitement. He affirms that a neurotic temperament is a primary condition, in many cases, which causes dyspepsia. Has he not reversed the order of things, and claimed the cause as the effect? There are few dyspeptics who are not nervous, but the reverse is by no means true. It will be freely admitted that the nerve ganglia of the digestive apparatus may be secondarily affected by the state of the mind, and by the ordinary sensory and motor centers, but it would seem that they participate in the exhaustion, not unduly excited by it.

Again, they may be directly involved—exhausted by overwork. A certain amount of nervous energy is required for the process of digestion, as well as for locomotion; and it is evident that if this nervous energy be expended, indigestion results. This may result from improper diet, the stomach being continually filled with the indigestible trash for which young people, especially, evince such a decided taste. This is analogous to the mental dyspepsia which as often results from the reading of the literary trash of the day.

In dyspeptic subjects, as we are well aware, pressure in the scrobiculum cordis awakens sensibility, which may extend over the whole abdomen. When this sensibility is increased the whole region becomes sensible to slight pressure, and the skin of the abdomen becomes hyperæsthetic. This hyperæsthesia depends on irritation of the solar plexus, and, according to Leven, is due to dyspepsia, and not, as Briquet holds, to hysteria. Whenever the solar plexus is irritated the mucous membrane of the stomach becomes

congested, and dyspepsia results as a direct consequence.

In order to obtain practical data on this subject Leven made careful observations of some four hundred cases of dyspepsia which came under his care, the results of which are very interesting. In more than one-half of the cases irritation of the solar plexus followed cerebral irritation. When one of the mental faculties is subjected to undue strain, there is an immediate action of the brain on the solar plexus, and pathological congestion of the gastric mucous membrane results. This is especially observed in subjects of great nervous excitability when subjected to nervous shocks. The nervous man, therefore, is in constant danger of becoming dyspeptic; a strong emotion, a fear, a sudden nervous shock may indirectly cause an attack of dyspepsia which it may be very difficult to remedy. In Leven's statistics cases of nervous dyspepsia are as frequent in males as in females, and according to him, the nervous temperament is the predisposing and often the efficient cause of a great many cases of dyspepsia.

Leven's statistics further show that excesses of diet, especially excesses in drinking, stand lowest as etiological factors in dyspepsia. Such excesses, in a nervous subject, are very liable to be followed by dyspepsia. Diseases of the abdominal and thoracic viscera, menstrual disorders, the pregnancy of lactation, hepatic and renal disorders, vesical disease and tuberculosis are causative factors in about one-tenth of the cases. The solar plexus, in intimate relation with the whole abdominal and thoracic nervous system, in direct relation with the cerebrum, is influenced by the nervous system of the vegetative functions, and every impression of this system is immediately communicated to the solar plexus and is instrumental in causing dyspepsia. Of Leven's four hundred cases, about forty, or one-tenth, had previously had typhoid or intermittent fever, or an eruptive fever; and cutaneous diseases, gout and rheumatism were observed in about one-tenth of the cases. But would Leven have us consider gout as a cause rather than the effect of dyspepsia? Many of his deductions are undoubtedly correct, but we fear that he has attempted to prove too much.

LORETA'S OPERATION FOR SACCIFORM AORTIC ANEURISM.

PROFESSOR LORETA, of Bologna, who is already well known to the medical world by his operation of divulsion of the pylorus, has recently performed a very brilliant operation for the relief of a very large sacciform aneurism of the abdominal aorta. It was performed on December 18, 1884, and the patient, at last accounts, was considered well—and cured.

The aneurism was about the size of the head of a fœtus at term. The sac occupied the hypogastric and left hypochondriac regions, displacing the spleen and diaphragm. Loreta made the diagnosis of sacciform aneurism of traumatic origin, due to pressure on the abdominal aorta between the pillars of the diaphragm during violent muscular exertion. The operation was undertaken at the solicitation of the patient, on account of the violent neuralgia from which he suffered, and on account of his rapidly increasing state of malnutrition. An incision was made from just below the sternum to the navel; the parietal peritoneum was adherent to the epiploön, and to the stomach and liver; beneath this there were other adhesions between the stomach and subjacent aneurismal sac. Some of the adhesions were broken up, but the operator did not disturb those between the sac and the liver and spleen for fear of rupturing the sac. Being able to reach neither the aorta, the cœliac axis, or the superior mesenteric artery, so as to be absolutely sure of the seat of the aneurism, he cut through the lower fold of the transverse mesocolon, thereby coming immediately to the sac, into which he thrust a very small trocar and introduced two metres of silvered copper wire. The wound was then closed, the operation lasting an hour and a quarter. The patient had no rise of temperature after the operation, and cicatrization was complete on the ninth day. On the day following the operation the patient was sensible that the pulsations were very much diminished; improvement continued, and on the twenty-sixth day after the operation the tumor was solid, reduced fully one-half, and the patient was going about. Loreta is confident that the aneurism was of aortic origin, from the cause assigned by the patient—severe muscular exertion in striking sail, and from the fact that the tumor was larger than would be expected to spring from any other abdominal vessel.

LORETA'S NEW METHOD OF PERINEAL CYSTOTOMY.

PROFESSOR LORETA has recently invented a very ingenious instrument for seizing a calculus and drawing it out of the bladder entire, or, if the stone be too large to be withdrawn through the perineal opening, it may be broken up while still in the grasp of the instrument, and the fragments removed with but little difficulty. As the fragments are retained in the grasp of this instrument, the inconvenience of searching for lost fragments is not experienced. It is claimed

that the patients never lose urine through the wound, and that normal micturition takes place even on the day of the operation by the natural contractions of the bladder, so little is its function interfered with by the manipulations with this instrument.

For the surgeon who prefers the perineal operation to the supra-pubic, or to litholapaxy, this instrument will undoubtedly prove an immense advantage. It will obviate much, if not all, of the irritation to the bladder caused by the searching for fragments with different instruments, and will further obviate the contusion of the perineal tissues caused by the introduction and withdrawal of these instruments. Possibly, also, the results obtained by its use will be equally as good in the perineal operation as are now derived from the usual supra-pubic method; and it may be that still better results may be obtained in the high operation with it. But there is no reason to believe that cases which are favorable for rapid lithotrity would do better, or even so well, if a perineal section were performed with a view to using this instrument.

CHOLERA HOSPITALS AND THE NEIGHBORING POPULATION.

The question, Is a cholera hospital a source of danger to neighboring population? has recently considerably agitated the community at Bombay, and has called forth an editorial in the *British Medical Journal*, of February 28. There seems to be a considerable diversity of medical opinion in Bombay on this subject. The government has recently resolved to build a cholera hospital in close proximity to the European General Hospital, but the Surgeon-General of the Bombay army has very decidedly condemned the wisdom—or whatever it may be called—of thus locating such a hospital, on the ground that it would be a dangerous procedure, inasmuch as there is a likelihood that the convalescents would be much more susceptible to an infectious disease (supposing that cholera be infectious) than people in sound health. He further disapproves of the proposed appointment of the resident surgeon at the European Hospital to the charge of the cholera hospital; and "intimates that the plan proposed is in opposition to all principles hitherto laid down for the prevention of the spread of cholera; and strongly urges the expediency of abandoning a project the very nature of which is clearly fraught with danger and risk to life, and which, if continued in, will probably terminate in calamitous results."

The whole question, says the *British Medical Journal*, appears to turn on methods of management and measures of prevention. "If the excretions of the patients be permitted to enter drains having a communication with the General Hospital and the neighboring houses, or to reach the water-supply, however disinfected, the danger is undeniable. If, on the other hand, they be destroyed by fire, the danger, if any, will be reduced to a minimum."

RAILROAD FACILITIES TO THE ASSOCIATION MEETING.

The following notice will be of interest to delegates and others who contemplate attending the meeting of the Association in New Orleans in April, and who desire to go via the Cincinnati, New Orleans & Texas Pacific Railway (Queen and Crescent route):

The rates from Cincinnati to New Orleans over this line, 827 miles by rail, available for delegates and visitors, are as follows: Excursion tickets (round trip), good for forty days, $23; the same, good for fifteen days, $18; from other points along the line at correspondingly low rates. Stop-over privileges will be accorded at such points as the holders of the tickets may select, *en route* to New Orleans, within a period of ten days from date of leaving initial point on this line. The sleeping-car facilities consist of Mann boudoir cars, $5 per berth. Trains leave Grand Central Union Depot, in Cincinnati, daily at 8:30 A.M. and 8:47 P.M., arriving in New Orleans at 5 P.M. and 6 A. M. on the following day.

THE INDEX MEDICUS.

In another column we call attention to the announcement, by Drs. BILLINGS and FLETCHER, that the *Index Medicus* will resume publication under the management of Mr. George S. Davis, of Detroit.

This is a matter of congratulation to the whole profession, not only in America, but wherever medicine is regarded as a science. Medical men, everywhere, write; and in order to write with comfort to themselves they must have a means of ready reference, and the *Index Medicus* was, *par excellence*, the reference work of the world. It is due the generosity and liberal mind of Mr. Davis that the profession should support him—with money, not advice.

BEHRING claims that bicarbonate of soda is an antidote to iodoform poisoning. Since iodoform is eliminated by the urine as a salt of iodine, he believes that it extracts from the blood the alkalies with which it is combined. By replacing these alkalies of the blood with bicarbonate of soda, he thinks that the organism may be rendered capable of tolerating the presence of iodoform.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Stated meeting March 2, 1885.

The President, D. A. K. STEELE, M.D., in the Chair.

DR. DAVID O'SHEA read a paper on

TYPHOID FEVER; ITS HYGIENIC AND SPECIFIC TREATMENT.[1]

Regarding the etiology of this disease, he said, foul air or contamination by drinking water is not always the efficient cause of the disease. The writer believes there is a true enteric bacillus to be discovered. If the disease be specific in its nature, and derived *only* from some preëxisting cause, or if it be produced in a person suffering from some form of fever, or generated *de novo* by the decomposition of sewage, etc., it has the same general *ensemble* of of symptoms, and the practical issue is the same—the prompt removal of the fecal matter of a patient. As to there being a specific typhoid bacillus, Klebs claims to have already identified it, having found it in the blood, lymphatics and other tissues; and who knows but that this statement may be confirmed? Whether it be an hypothesis or actual discovery, remains to be proven and well tested by the most scientific scrutiny, before such announcement should be made to the medical world.

It is very rare that the disease occurs to a person far advanced in years; and it is equally obvious that certain families are extremely susceptible and liable to have the disease in a severe form. There is sufficient reason to apprehend a formidable attack if a parent has died of the fever. The invasion may be very insidious, and, when the physician is called to see a case of suspected typhoid fever, the first thing to be done is to consider the patient's family history, and then the personal history, along with his present condition; these are important points in forming a prognosis. The principles on which the treatment is conducted are generally accepted and well understood, and success depends greatly on the intelligent application of remedies to individual cases, and careful attention to details in every stage of the disease.

Thirteen personal cases were then reviewed by the reader. As a rule it may be said that, where possible, he had his patients placed in a large, airy, and well-ventilated room, with the doors or windows opened more or less continuously, according to the condition of the weather, the patient being placed so as to be approached from either side; the bed should also be firm and comfortable. Feather mattrasses should be removed, and, when practicable, two beds should be available, one for the day and the other for the night. The covering should be light, but sufficient to protect the patient from changes in the atmosphere.

A record should always be kept of the morning and evening temperature, rate of pulse, amount of medicine and nourishment given, together with the number and quality of the alvine discharges. The patients should be sponged night and morning with tepid water and alcohol, and the hands and face should be frequently sponged during the height of the fever. If the morning temperature be above 103° Fah., and the evening about 104°, the "wet pack" applied to the chest, an ice bag to the head, and a mustard foot-bath three times in the course of twenty-four hours, will prove very efficacious and grateful.

In the thirteen cases referred to all recovered, and in only one was their absolute necessity for using a bed-pan. The vessel used for this purpose should always contain a disinfectant, and should be about one-third full of water; to this is added a teaspoonful of a 25 per cent. solution of carbolic acid, which is kept in readiness for immediate use. When the bed-pan has been used by the patient, and the teaspoonful of the solution is added; if it be during the summer season, the entire contents should be buried; if during the winter, it may be emptied in a water-closet. No one should occupy the same bed with the patient, and, if possible, not the same room; and only those advanced in years should act as nurses. The specific treatment, as laid down by Liebermeister, Traube, Wunderlich and others, consists in the administration of ten grains of calomel at a single dose on the first day that the fever is recognized, and 8 grains a day for three or four days thereafter, or according to the condition of the bowels. It is a curious fact that these large doses of calomel had an antipyretic effect in each case; with this remedy the writer could bear testimony to the shortening of the dusation, and to the decreased mortality in this disease as compared with the non-specific, expectant, or other plan of treatment. The above hygienic and specific course was carried out in each case, and in not one did the temperature rise above 104.5° Fah.

The complications were few and of short duration. The longest period during which any of his patients were sick was twenty-six days; the shortest was fifteen days. Only one of the number became delirious, and in this case the disease was not recognized until the commencement of the second week, hence several days had elapsed ere any calomel was given. As to whether the non-administration of the drug during the first week was the cause of the delirium, the writer could not advance a positive opinion; but this patient was sick longer than any of the others, and had more copious discharges from the bowels. The true value of this plan of specific treatment in typhoid fever, however, cannot be ascertained from this limited number of cases, but he recommended that a further trial be faithfully carried out by others.

DR. G. C. PAOLI thought that in slight cases of typhoid fever we could rely upon nature to do most of the work. Regarding the calomel or specific treatment, it was used fifty years ago and abandoned. Venesection was practiced long before that and subsequently, and it also was abandoned. The speaker continued by giving a *résumé* of the tartar emetic plan to expel the poison, and the treatment with tr. digitalis, etc. He had seen the disease run its course in eight, nine or ten days; and again, he had seen

[1] The abstract of this paper and the discussion were received too late for insertion in our issue of March 14.

cases that continued for twenty, twenty-five, thirty or forty days. He had also seen the disease in a malignant form run a rapid course to a fatal termination. He relied a great deal upon good nourishment and careful nursing of the patients and keeping them as quiet as possible. He thinks that there is danger in having two beds as was suggested in the paper, for when Peyer's glands were inflamed, or cicatrization was complete, moving the patient too frequentty from one bed to another might excite ulceration again. Relative to the diarrhœa in these cases, this we cannot stop, but we can modify it or keep it under control. He did not believe there ever existed such a thing as a typhoid bacillus, or that such would ever be discovered. He gives very little quinine in this disease; he had seen two cases die from the administration of forty grains of this salt.

DR. C. G. DAVIS thought the writer had introduced some new and novel ideas concerning this disease. Medicines are often injurious in typhoid fever. There has been a great reaction in the hygienic management of this disease. The idea once prevailed of scourging the disease from the system. Regarding the ratio of mortality, with him it had varied at different seasons and localities from 4 to 20 per cent. He thinks there can be too much medication in treating a patient. A favorite prescription with him is tr. nucis nucis vom., gtt. i; tr. aconite, rad., gtt. iv; aquæ ad., ℥iv. Teaspoonful every four hours. This will lessen the tendency to irritation of the mucons membrane along the gastro-intestinal tract, and he did not regard it as homœopathic treatment. Milk is *par excellence* the best form of food for this class of patients.

DR. C. E. WEBSTER had usually pursued the expectant plan of treatment in these cases, and sometimes gives brandy in teaspoonful doses as occasion requires.

DR. R. RANDOLPH explained, very minutely, his plan of applying cold water to typhoid fever patients; it is refreshing to them, and produces very little fatigue. An oil-cloth is placed under a patient, after his night-shirt has been pulled up over his head, and then cool water is squeezed from a sponge over the surface of the body; the oil-cloth, of course, acts as a basin to receive the water, and is then easily removed from under the patient. He has never seen quidine reduce the temperature, and believed, on the contrary, to act as a cardiac depressant.

DR. G. W. WEBSTER spoke from personal experience in his once having had typhoid fever. The cold baths to which he was subjected produced very severe shock, so severe that after two or three such ablutions he refused to submit to them further; besides, his temperature would not be reduced more than $^1/_{10}$ of a degree. Sponging with tepid water was a comfort, and was done regularly four times in twenty-four hours. The large doses of quinine given to him weakened his heart, the effects of which he did not recover from for one year. He desired to say that he had used, in a number of cases, very successfully, salicylate of bismuth.

DR. ANGEAR said that it is a settled fact, that if we have a hot surface there is an internal coolness, and *vice versa*, if we have a hot surface there is an internal heat. Where we contract the capillaries of the surface with cold applications, we reverse nature's operations. In other words, if the surface is hot, the nerve centers are lowered, and the internal capillaries are contracted. Hence, cold-water ablutions will dilate the vessels within a person, and produce contraction of the surface capillaries.

DR. RANDOLPH thought more attention is now paid to the temperature of a patient than to the pulse, and the attention to the latter is now getting to be among the lost arts, as is also the sense of auscultation in physical diagnosis.

DR. G. W. WEBSTER said that if the capillaries are contracted by applications of cold, a secondary effect is soon produced by reaction and dilatation of the vessels. He illustrated his remarks by stating the effect produced by handling snow or ice; how an almost burning or stinging sensation is produced in the hands after reaction has fairly set in.

DR. ANGEAR said that reaction does set in, of course, but such excessixely cold applications as snow or ice over a person's entire body are not resorted to in treating typhoid fever.

DR. G. NEWKIRK did not think it necessary to apply cold to reduce the temperature. The warm pack produces a pleasant sensation of quiet and rest; it keeps the skin active, and in this disease we should excite the skin to action by the application of a sponge wet in tpid water.

DR. R. E. STARKWEATHER submitted a plan suggested by the Illinois State Board of Health of a

HOUSE-TO-HOUSE INSPECTION AND SANITARY SURVEY,

which in the State outside of Chicago will cover 336,000 houses.

SUFFOLK DISTRICT MEDICAL SOCIETY.

ALBERT N. BLODGETT, M.D., SECRETARY.

SECTION FOR CLINICAL MEDICINE, PATHOLOGY AND HYGIENE.

January 14, 1885. The meeting called to order at eight o'clock by DR. R. T. EDES, CHAIRMAN. The records of the last meeting were read and approved.

The first business of the meeting being the election of Chairman for the ensuing year, DR. ROBERT T. EDES, the present Chairman, was unanimously re-elected. Dr. Edes, in accepting the office for a second term, thanked the section for this mark of their esteem.

The paper of the evening was by DR. B. O. KINNEAR, entitled,

CHOLERA, AND ITS TREATMENT BY DR. JOHN CHAPMAN'S METHOD; WITH TWELVE CASES.

The author began with an account of Claude Bernard's well-known experiments with sections of the pneumogastric and galvanization of the peripheral extremity, showing the vaso-motor function of that nerve. The view that the glands are supplied with trophic nerves from the spinal axis, as well as with vaso-motor veins from the sympathetic, was advanced, and it was claimed that excessive glandular action was caused by hyperæmia of the cerebro-spinal trophic centers.

The writer then went on to present the views of Dr. John Chapman on the nature and treatment of cholera based on the theory that this disease is "due to a superabundance of blood in, and excessively preternatural activity of, both the spinal cord and sympathetic centers," the former causing the active phenomena, and the latter the passive or negative ones. The symptoms of cholera were then enumerated and classified into one or other of these two groups.

The latter group included the symptoms of the algid stage, as being due to vaso-motor hyperæmia. Dr. Chapman, considering cholera as entirely of nervous origin, assigned as its causes solar heat, electricity, violent changes in temperature, lowness of site, prolonged marches, fear, and the effects of alcohol and opium on the nervous system. The non-contagious nature of the disease was then shown, and was held to be a proof that the cause was no toxic influence. The teachings of Koch regarding the comma-bacillus were objected to, and it was claimed that no micro-organism was constant in, or peculiar to, this disease. This portion of the paper was founded largely on an article by Dr. Chapman in the *Westminister Review* for October, 1884.

A series of twelve cases was then reported which were treated by means of the spinal ice-bag at l'Hôpital de la Charité, Paris, during the late epidemic, and of which only two proved fatal.

Dr. Robert Amory said that he had thus far never seen a case of cholera, but it seemed to him that a paper like the one of this meeting should not be allowed to pass without careful consideration and discussion. From many of the statements contained in the paper one is forced to believe that both Dr. Chapman and the reader are influenced by an hypothesis in regard to the causation of cholera which they endeavor to support by the theory of hyperæmia or anæmia of the cerebro-spinal or of the sympathetic nervous system. The electrical power of magnets, the varying conditions of the atmosphere, and other cosmic influences and agents, are easily explainable without reference to any specific disease. Again, most of the cases reported differ from cholera generally, in the fact that they came very late under treatment and at a time when patients with this disease are either dead or convalescent.

According to all accounts thus far received in relation to the recent epidemic in Paris, the disease was developed only in a very mild form, and, doubtless, many cases of the simple diarrhœal character were included in the number of cases of true cholera. It is also somewhat striking that in the cases reported by the reader but little is noted concerning food or medicines, or any of the ordinary edjuvants of medical treatment. It would, therefore, seem that the mode of treatment here advocated is in no sense as yet worthy of being ranked above the formerly advocated and more generally employed methods of external and internal treatment. No one would venture to say that the spinal and sympathetic centers may not be the seat of congestion in cholera, usually in the algid stage, but the mode of argument advanced in the paper is in no way conclusive, nor its deduction satisfactory on this point.

Dr. Ayer said that it had been his fortune to witness the two last epidemics of cholera that visited Boston. The fear and dread — not to say panic — which the scourge inspired are fresh in my memory. I treated many patients. The onset of the attacks was especially violent, and its progress to a fatal termination rapid — usually within twenty-four to forty-eight hours. The early symptoms were vomiting and cramps, succeeded by diarrhœa; then the algid stage, rice-water bischarges, suspension of urine, collapse, and death. The patient retained his mental faculties, and could speak, but extremely hoarse to the last. After the vomiting subsided the evacuations were odorless, and the sick-room cleanly.

We had no distinct theory of treatment, but combatted symptoms as they arose. For vomiting I employed alkaline solutions, tincture of opium, brandy, and sinapisms. The diarrhœa was met by opiates and astringents, and enemata of starch and laudanum and astringents. Ice was given to allay thirst and nausea. From the cold stage, and almost from the beginning, hot applications, dry frictions, and hot stimulants were freely given.

The disease affected the filthy localities and was specially fatal in the intemperate. Ice was never used externally.

Dr. G. N. Thompson said that during the two last epidemics of cholera in Boston he was called to treat quite a number of patients suffering from that disease.

He tried the various remedies and modes of treatment that were recommended for some time without satisfactory results. He found from experience that the stomach rejected all liquids, whether medicinal or nutritious, in about every case.

The painful cramps, rice-water discharges, vomiting, thirst most intense, and great prostration were palpable and prominent symptoms and characterized the disease, as I witnessed it from day to day. There was an entire suspension of the usual secretions of the digestive organs, liver, etc. There was intense pain from cramps. There was great prostration from the cramps and the deranged functions of the system, and the question arose how could these various destructive conditions be met and overcome by the attending physician. The stomach would not tolerate liquids of any kind in most cases.

In the first place, it was important to restore the functions of the liver and the digestive organs; to relieve the cramps and pains which accompanied them; to restore and maintain the tone and vigor of the system through the trying ordeal. I argued that remedies in such a form as the stomach would tolerate must be used. I found that pills were retained if no liquids of any kind were taken.

After some thought and reflection upon the subject, I concluded that hydrarg. submur, opium and quinine were the most potent remedies we had to meet these desperate emergencies.

I therefore used pills of each of the foregoing ingredients of two grains, as often as from half to an hour, alternately in rotation, varying the dose somewhat, making it larger or smaller to meet the varying symptoms. Usually within from five to ten hours the patient would be relieved and the functions of

the system restored. Of course it would require time to regain the former strength and vigor.

Other means, such as applications of warmth with friction by rubbing, were used in all cases to promote the comfort of the patient.

Two of the cases deserve brief mention:

Case 1. A man, aged 40 years, had previously been in good health; had a family; was taken in the afternoon; had vomiting, great thirst, cramps with much pain, profuse rice-water discharges, great prostration, could retain no fluids on the stomach.

Ordered the remedies as above suggested. Told his wife to give him no liquids of any kind, and to give the pills as directed, if she wished her husband to live. This was said to enforce directions.

Called in the morning and found the patient relieved from all his grave symptoms. Two others had been taken with the disease during the night. One of them was in the last stages of the disease, and soon breathed his last. The other recovered under treatment.

Time was lost in the night by sending for the priest instead of for the physician.

Case 2. A man about 45 years old, usually enjoying good health, was attacked late in the afternoon. The late Dr. Gould, an eminent member of the profession in the city, was called in attendance. He was with him till past midnight. A member of his family being unwell, he sent for me to take charge of the case. The symptoms were very grave. I immediately gave him the pills, as I have stated in the previous case. He was relieved of his painful symptoms by morning, and recovered.

The next day, meeting Dr. Gould, he wished to know when the patient died. I informed him that the man was recovering. On his inquiring, I told him what course I had pursued. He expressed much surprise at the result.

In almost all cases of intemperate habits the chances of saving the patient were very slight. As I saw the disease, it was very violent and rapid in its progress, and liable to prove fatal in from twenty-four to forty-eight hours in many cases.

In the twelve cases treated by Dr. John Chapman's method, in Paris, in the paper read by Dr. Kinnear, some of them were not brought to the hospital until two or three days after the disease had commenced. I feel confident, therefore, that the epidemic there was far less malignant and rapid in its progress than it was here, as early, prompt treatment of the disease, as it prevailed here, afforded nearly or quite the only chance of saving life.

DR. R. M. HODGES stated that from a considerable experience in two epidemics of cholera which have appeared in this city, he is convinced of the truth of the assertion made by Dr. Amory, that the disease as it had prevailed in France during the last five months does not represent the average severity of cholera. At the times when the disease was present in Boston, Dr. Hodges was accustomed to a much more rapid progress of symptoms and a much earlier termination of the case, in the recovery or death of the patient, than is indicated. The cases described in the paper certainly present a duration of disease quite incon istent with any preconceived opinions of cholera, which has generally the characteristics of extreme rapidity of succession in symptons and speedy collapse or the commencement of convalescence. During the prevalence of any epidemic disease there are, doubtless, large numbers of cases wrongly included among its victims from errors in diagnosis, by which some other form of illness is mistaken for the dreaded epidemic disorder. In the presence of actual cholera there are usually many cases of a similar but milder disease, which are called "cholerine." The feeling of anxiety during an epidemic also, no doubt, causes an appearance of increased gravity in many cases which would not be considered to be of a serious nature at other times. Another important point in relation to the cases reported in the paper which forms the subject of discussion is the statement that one case of cholera was cured by the treatment described, but the patient soon afterward died from some other independent cause. A large number of cases of cholera yield to the immediate treatment, but succumb later to the secondary fever, which is a recognized feature in the convalescence of cholera. An ardent follower of any special mode of treatment may be deceived by the enthusiasm with which he is inspired, and the stronger conviction of an enthusiast is liable to lead to a more positive judgment than the facts warrant. It is not easy to know what to say in regard to cholera, because very little absolute knowledge exists upon this disease. The recent investigations of renowned scientific men, extending over several epidemics and culminating in the discovery of a coincident, if not a causative, bacillary organism, have not aided the therapeutics of this disease. Dr. Hodges stated that he enjoyed especial opportunities for studying the disease at two separate periods: first as resident officer in the cholera hospital established on Fort Hill in Boston during the epidemic of 1856, and again as physician to the same hospital during the last visitation of cholera in Boston. He could not say that during these epidemics anything material was learned in regard to the successful treatment of the disease.

The employment of intravenous saline injections is neither new nor recent. This method was advocated many years ago in India. It was employed in the treatment of cholera here during the periods above mentioned, but in only one instant was there apparent benefit from this procedure. This fortunate patient was retained for some time in the hospital as a therapeutical curiosity, but finally ran away. Within twenty-four hours he was brought back again sick, and in a few hours was dead from cholera.

DR. BLODGETT spoke of the recent epidemic in Paris, of which he had gained some knowledge by personal experience. The disease was certainly there regarded as of very mild type, and the rate of mortality was exceptionally low. The patients were almost entirely from the lowest, most improvident and dissipated classes; and were considered to be especially vulnerable to any unwholesome influence.

The same error in diagnosis by which cases resembling cholera to a greater or less degree were

mistaken for it was also noticeable in this epidemic, in which cases of so-called "cholerine" were reported, as well as cases of undisputed cholera. All the more common methods of treatment were employed, but the subsidence and final disappearance of the disease is associated with the occurrence of lower temperature and especially with the advent of frost. So far as it is possible to judge, the knowledge of the disease or of its successful treatment has not been materially advanced by the opportunities for observation and research in clinical and pathological directions afforded by the limited epidemic just ended.

DR. EDES said that there were too many steps between the application of ice to the back and the cessation of vomiting to enable us to speak so accurately as to what goes on in the spinal cord and ganglia, and assume that these are the paths of influence. It has been pretty conclusively shown that cold to the head does not cool the blood in the brain, and the spinal or sympathetic cord is even further from the surface.

The tendency to formulate attractive theories of treatment in very obscure diseases is always liable to lead to erroneous deductions, and all investigations of this character should be conducted with more freedom of judgment and absence of prejudice than an enthusiastic advocate of a new idea is liable to possess.

STATE MEDICINE.

SANITARY COUNCIL OF THE MISSISSIPPI VALLEY.

The Sanitary Council of the Mississippi Valley convened Tuesday noon, March 10, at the office of the State Board of Health, in New Orleans. The meeting was called to order by DR. JOSEPH HOLT, President of the Louisiana State Board of Health, who delivered the following

ADDDESS OF WELCOME.

Gentlemen, the delegates of the Sanitary Council of the Mississippi Valley:—With unfeigned pleasure the Board of Health of the State of Louisiana welcome you, not only to our state and city, but to the enjoyment of our most cordial hospitality here in the office of the board itself, begging you to make this your rendezvous, where each one will find himself in a new house but among old friends. The Board of Health of the State of Louisiana recognizes not only its membership in this family council, but is sensible of the singularly important position it occupies, and of the responsibility resting upon it in its office as janitor of the gateway of the Valley of the Mississipi. Holding the most important outpost, perhaps, on this continent, our responsibilities are not limited to the protection of New Orleans and Louisiana, but we hold also in trust the safety of the millions of people inhabiting the interior.

Holding the keys as janitor at the gateway of the great valley of the Mississippi, Louisiana is compelled by every obligation to recognize the importance of her trust. She can no longer bolt and double-bar these doors six months out of the twelve with an antiquated quarantine of detention, when it is optional, through a scientific sanitation, to fling open the entry of this national highway, this inland sea, to the unobstructed ingress and egress of all who may apply.

The interior states of this continent have a natural right in every question touching the navigation of the Mississippi, from its headquarters to the Gulf. They have a right to free pasturage in the commercial fields beyond. This claim is supreme, and one we must heartily allow. We recognize other questions of right in this matter. Occupying the delta of the Mississippi, and therefore exceptionally exposed, it is, in our opinion, neither equitable nor proper that Louisiana should bear the entire brunt of expenditure in fending from our shores an invading fleet or an invading pestilence. As we are by no means the only ones who enjoy the security of life, the peaceful occupancy of our homes and fruition of our labors by the successful repelling of such invasions, it is only fair that all concerned should alike contribute their own proportion of expense. It follows, therefore, that we have a right to call upon the National Government to set aside as an emergency fund an ample appropriation of money to be used in warring against these common enemies, yellow fever and cholera.

THE DELEGATES PRESENT WERE:

Pinckney Thompson, M.D., of Henderson, Ky.; G. C. Ashmen, M.D., of Cleveland, O.; R. C. Kedzie, M.D., Lansing, Mich.; Henry F. Lyster, M. D., of Detroit, Mich.; W. A. Haskell, M.D., of Illinois; R. Martin, M.D., of Milwaukee, Wis.; Wm. R. Mackenzie, M.D., of Illinois; Daniel F. Wright, M. D., of Tennessee; Howard P. Brisbane, M.D., of Mississippi; Junius H. Hall, M.D., of Chicago; K. Hoyt, M.D., of Wisconsin; L. D. Wilson, M.D., of West Virginia; L. C. Carr, M.D., of Ohio; C. W. Rowland, of Cincinnati; Edward Orton, State Geologist of Ohio; James E. Cowan, of Galesburg, Ill.; B. T. Buckley, M.D., of Illinois; J. L. Million, M.D., of Illinois; Edward Fenner, of New Orleans; A. W. Cantwell, M.D., of Iowa; S. S. Herrick, M.D., of Louisiana; A. C. Rhodes, M.D., Medical Inspector, U. S. Navy; David P. Haddan, M.D., of Memphis; John H. Rauch, M.D., of Illinois; D. W. Hand, M.D., of St. Paul; Ralph E. Starkweather, M.D., of Chicago; W. S. Roberteon, M.D., of Iowa; D. C. Holliday, M.D., of New Orleans; S. E. Chaillé, M. D., of New Orleans; W. H. Watkins, M.D., of New Orleans; T. H. Ryan and Dr. G. Devron, of New Orleans; A. N. Kimbrough, of Danville, Va.

COL. D. P. HADDEN, of Memphis, President of the Council, took the chair, and addressed the meeting on the subject of the conference about to be held, and its importance from a sanitary point of view.

The minutes of the last meeting, held at Mempis, in March, 1884, were read by Dr. Starkweather, of Chicago, and approved.

On motion of Dr. Rauch all the delegates present, not members of the Council, were elected. The Board of Health of Clarksville, Tenn., was recognized as a member of the association.

DR. JOHN H. RAUCH, of Illinois, Secretary and Treasurer, submitted the

ANNUAL REPORT OF THE SECRETARY.

It is a subject for congratulation that, during the interm since the last annual meeting of the Council, there has been nothing in the public health conditions of the valley necessitating action on the part of the executive committee, or any of the officers. The year has been a satisfactory one, in that it has been characterized by freedom from excitement or alarm with reference to the actual existence or threatening of the class of epidemic diseases with which the Council is specially concerned. It is true that the extension of Asiatic cholera from Egypt to southern Europe, and its probable introduction into this country, awakened some apprehension during the summer and fall; and, as the members of the Council are aware, representatives of the State Boards of Health, and of municipal health organizations of the United States and Canada, together with the quarintine officers of many ports, assembled in conference upon this subject during the month of October in the city of St. Louis, and again at the national capital in December. The action taken at these conferences has already been fully published in the public press and in the various medical and sanitary periodicals, so that the members are doubtless familiar with the matter, and it is only necessary here to allude to it. Following the line of action hitherto pursued by the Council—that is, to be prepared for emergencies and to have a definite plan decided upon in advance—I have to suggest that a committee be appointed to formulate, and report at this meeting, the measures which should be adopted and carried out by the Council in the event that action becomes necessary through the appearance of Asiatic cholera at any point in the valley.

The measures to be enforced in such case would include: (1) a prompt notification of the outbreak, (2) the local treatment of the outbreak, (3) supervision of travel from the infected points.

Concerning the first of these there is little new to be said; but I think it desirable that specific instructions be prepared with reference to the local treatment of an outbreak, including the duties of the health authorities; the provision of hospital facilities, and if accommodations for those removed from infected buildings or localities; the action concerning water supply; the subject of disinfection and disinfectants; the care of water closets and privies, especially those belonging to public building, hotels, schools, factories, workshops, railway stations, etc.; the daily personal examination of those living in the vicinity of a cholera case, and the prompt treatment of diarrhœa, cholerine or other suspicious symptoms among such; the securing of early reports of cases by the attending physician, and other details.

In my judgment also a cholera outbreak would demand an extension of the system of sanitary extension and supervision to travel by rail as fully at least as the system has hitherto been applied to travel by water with reference to yellow fever. Owing to the mode of the diffusion of the cholera poison, and the greater magnitude of railway travel as compared with that by river, this is a matter of much importance. All cases of diarhœa or looseness of the bowels, among travelers, should be carefully and continuously watched, and the dejections be thoroughly disinfected. Water closets and privies at railway stations should receive strict attention; and it is highly desirable that the closets on passenger coaches should be so arranged as that every dejection may be disinfected before discharging it on the ground, to be possibly washed into a water supply or to effect workmen on the track, etc., and thus extend the disease.

No train or boat should be allowed to proceed without being properly supplied with disinfectants, and the ordinary cholera or diarrhœa remedies, with plain specific directions for their use, and for the care and treatment of a cholera patient until a physician can be procured. It has also been suggested that the Council would do well to issue instructions to the public similar to its address on general sanitation in 1879, to be published in the newspapers and otherwise, respecting the measures, both public and personal, which should be adopted to prevent cholera, and also to limit its ravages if once introduced. It is urged that such advice from the Council would be heeded and do good. I would also suggest that a communication be addressed to the chairman of the Committee on Disinfectants, appointed at the last meeting of the American Health Association, requesting that a plain, practical paper on disinfection and disinfectants, for popular use and distribution, be furnished to the executive committee of the Council, and that the committee be instructed to procure its immediate and widespread publication.

It is taken for granted that there will be entire harmony of action and the fullest coöperation possible between the various organizations represented in the Council. The Illinois State Board of Health is pushing a sanitary survey of the entire state, embracing a house-to-house inspection, which in the state, outside of Chicago, will cover 330,000 houses. This is supplementing the work begun last July and continued until cold weather. It is hoped that by the middle of May this inspection will be finished and the sanitary defects thereby disclosed will have been remedied, nuisances abated, and the whole state put in the best possible condition to resist cholera, yellow fever and all other epidemics. A contingency appropriation of $85,000 has been asked for from the General Assembly now in session, to be used in quarantining, inspecting, disinfecting, caring for cases of epidemic and contagious diseases, etc., at twenty-four different points of entrance of important railroad lines along the eastern and southern boundary of the state, and at the necessary points on the Ohio and Mississippi rivers, as well as for defraying the expense of the necessary measures for preventing the spread of such diseases from point to point within the state, should they or any of them be introduced.

These two measures—the sanitary survey and the state quarantine—will, if successfully carried out, render Illinois practically independent of outside assistance or coöperation. Therefore it is conceived that the delegate representing that State Board of

Health may, without offense, urge upon other representatives in the Council the necessity of such action as will insure the greatest measure of protection to the public health of the entire valley. Her commercial interests, her geographical relations, and her position as the great entrepot and distributing points for immigrants to all parts of the valley, make the health conditions of every part of the country, from the St. Lawrence to the Rio Grande, matters of supreme importance to Illinois. While protecting her own borders she is ready and willing to aid and cooperate with others, and to do, at least, her full share in protecting the health of the valley. And, as already intimated, it is believed that such protection requires the formulation of a definite plan of action for the Council in the event that Asiatic cholera makes its appearance in the country; popular instruction and information concerning the measures which should be at once instituted in order to prevent such introduction, or to limit its spread; the vigorous prosecution of these measures as soon and as long as the weather will permit; and guarantees from the representatives here present of concert of action and mutual coöperation on the part of their respective organizations, so as to inspire public confidence in the work of the Council and of health authorities everywhere throughout the valley.

Such confidence is one of the most valuable features in preventing an epidemic, especially a cholera epidemic, toward which fear is one of the most important predisposing causes. As to the possible advent of yellow fever, I do not see that anything special need be said. What can be done has been already demonstrated, and the prospect of successfully dealing with this subject in the future is certainly as encouraging now as at any previous time. With the various state and local organizations cooperating in good faith, the protection of the public health in the valley would seem fairly well assured—either against the introduction of foreign pestilences on the one hand, or by limiting their spread on the other.

Dr. Pinckney Thompson, President of the Kentucky Board of Health, offered the following resolution:

Resolved, That Drs. Kedzie, Holt, Chaille, Rauch and the President be appointed a

COMMITTEE TO FORMULATE A SYSTEM OF COOPERATION

of the states represented in this Council to prevent the introduction of yellow fever or cholera into the Mississippi Valley, and also a plan of coöperation should either of these once gain admission to the Mississippi Valley. Adopted.

Dr. Rauch moved that the representatives of the boards of health, members of the Council, submit statements of the measures being adopted in their several localities, and the sanitary conditions prevailing. Adopted.

The meeting then adjourned to noon, Wednesday.

WEDNESDAY, MARCH 11 – SECOND DAY.

The President, Col. D. P. Hadden, in the chair.

The Council met at noon, in the office of the Board of Health. The first business in order was the report of the special committee appointed on Tuesday to formulate a plan of concerted action to prevent the introduction and spread of

CHOLERA AND YELLOW FEVER IN THE VALLEY,

which was read by Dr. Kedzie, the Chairman. The report was as follows:

The ever-recurring danger of an irruption of yellow fever, and the imminent danger of an incursion of Asiatic cholera from European ports, cause all eyes to turn with solicitude to the gateway of the Mississippi. New Orleans is the Thermopylæ of the Mississippi Valley. Defect here means disaster to the imperial region drained by the Father of Waters. If sanitarians gallantly "hold the pass," all is secure beyond. The quarantine of simple detention has so far passed away that it now requires a mental effort to realize that it means forty days. Detention by itself is neither preventive nor curative. It is of service mainly for two objects:

1. Observation—to await the development of concealed germs of contagious diseases. 2. For the cleansing, disinfection, and sanitary treatment of ship, cargo and passengers.

The treatment to be given a ship arriving from a foreign port will depend, in a large degree, upon its previous history, as well as its present condition. The incubative period of cholera is sometimes so prolonged, and what at first appears as diarrhœa, may develop finally into true cholera, that it is important to know whether a ship comes from a port where cholera prevails, before final decision is made in regard to danger from this disease. It becomes, therefore, a matter of great importance that health-officers shall receive early and full information of the existence of epidemic disease, such as yellow fever, cholera and small-pox in the foreign ports in commercial relations with this country. In order to secure such information, the Sanitary Council of the Mississippi Valley, through its President and Secretary, earnestly petitions the Hon. Secretary of State, that he cause the consuls and consular agents of all ports from which ships clear for the United States to furnish, not only the usual information embraced in bills of health, but all particulars in regard to the existence of contagious, infectious, or epidemic diseases which may endanger the public health by importation by importation by vessels reaching our shores. "The best method of quarantine should begin its work at the port of departure, and completed at the port of entry, to include improved methods of ship sanitation, under competent authority, pending the voyage of a vessel from one port to another. The hazards of importation of infectious diseases would certainly be immensely reduced if there could be a guaranty that all vessels loading in foreign countries for ports in the United States are thoroughly cleansed, and freed from infection before receiving their cargoes. Such a system of international sanitation, by preventing the shipments and exportation of disease, would insure safety and prompt commerce," The Sanitary Council regards the exclusion of all vessels

unmistakably infected with cholera or yellow fever from the Mississippi River as vital to the safety of the Westerc South and the Northwest. The Sanitary Council, therefore, through its President and Secretary, petitions the Hon. Secretary of the Treasury to place a revenue cutter at the mouth of the Mississippi River to prevent the entrance of all such infected ships, and to send them to Ship Island or other refuge stations for quarantine and purification.

If, however, an infected vessel, or one suspected to be infected, enters the Mississippi river, the State Board of Health of Louisiana shall remand such vessels to a station of detention and absolute isolation until all danger of the spread of the disease by ship, cargo, crew and passengers has been entirely removed and disinfected; the cargo to be disinfected; the baggage thoroughly disinfected, and the crew and passengers kept under observation until free from all suspicion of danger to the public health.

EMERGENCY FUND.

The Sanitary Council is gratified to learn that Congress has appropriated a sum of money to be placed in the hands of the President of the United States, to be used in his discretion, in aid of the local boards of health in the event of an actual or threatened epidemic of cholera or yellow fever, in preventing the introduction and spread of the same, and in maintaining inspections and quarantine at points of danger. Asiatic cholera threatens an incursion into the United States in the near future, and realizing the vast importance of such preventitive measures and adequate preparations for effective quarantine before the event of foreign pestilences, so that they shall not come upon us defenseless and unprepared, the Sanitary Council respectfully but earnestly petitions the President of the United States to immediately place the emergency epidemic fund in the hands of the National Board of Health to be used in aid of state and local boards of health in preventing the introduction and spread of cholera and yellow fever in the expectation that an adequate portion of this fund (not less than $50,000) shall be placed at the disposal of the State Board of health of Louisana, to hold this gateway of the South and West.

EPIDEMIC OUTBREAK.

In the event of an epidemic of cholera or yellow fever the first consideration of concert of action among health officers is confidence. This can be secured only by early, full and free information of all the essential facts at points of outbreak. To secure such information:

Be it resolved, That each and every health organization, represented in this Sanitary Council pledge itself to promptly furnish to each other all information in regard to the appearance of cholera and yellow fever, or suspicious cases of yellow fever or cholera. We recommend that for the purpose indicated in the above resolution the foliowing groups of symptoms shall be considered to indicate yellow fever and suspicious cases:

I. The following shall be considered as

SYMPTOMS INDICATING YELLOW FEVER.

Group 1.—A person after a sudden attack has fever of one paroxysm, attended with marked congestion or blood stasis of capillaries of surface, conjunctive and gums, with a history of probable exposure to infection, and no history of a previous attack of yellow fever.

Group 2,—A person after a sudden attack has a fever of one paroxysm, followed by unusual prostration, albuminous urine, yellowness of conjuntivæ or skin, and having no positively authenticated history of previous attack of yellow fever.

Group 3.—A person has a fever of one paroxysm, albuminous urine, black vomit, suppression of urine, general hemorrhagic tendency under circumstances where exposore to infection is a possibility.

II. Suspicious cases of yellow fever.—The following symptoms associated with a fever of one paroxysm in a patient who has apparently been exposed to infections, and has never had yellow fever, shall be held to justify in either of the six following cases a suspicion of this disease, viz: 1. Suddenness of attack either with violent pain in the head or back, injected eyes and face, or with marked congestion of the superficial capillaries. 2. Want of that correlation between pulse and temperature usual to other forms of fever. 3. Albuminous urine. 4. Black vomit. 5. General hemorrhagic tendency. 6. Yellowness of the skin.

The following cases shall also be deemed suspicious: 7. Any case respecting which reputable and experienced physicians disagree as to whether the disease is or is not yellow fever. 8. Any case respecting which effort are made to conceal its existence, full history and true nature.

In the event of death of a suspicious case a *post mortem* examination should be made when practicable. Both before and after death, yellow fever is specially and pre-eminently characterized by the fact that it is *par excellence* a hemorrhagic, fever, marked by capillary congestion and its sequelæ, hence *post mortem* evidence of a general hemorrhagic tendency in internal organs, especially in the digestive, in preference to the urinary tract, shall be held to confirm the suspicion.

SUSPICIOUS CASES OF ASIATIC CHOLERA.

The following conditions shall be held to justify a suspicion of cholera, and to require from sanitary authorities the same preventive treatment as if known to be cholera:

1. Any case of disease resembling cholera and attended with "rice water evacuations," shall be reported and treated either as cholera or as a suspicious case. 2. Any case respecting which reputable and experienced physicians may disagree as to whether the disease is true Asiatic cholera or not, shall be reported and treated as suspicious. 3. Any case rumored to be cholera, and respecting which efforts are made to conceal its existence, full history and true nature, shall be reported and treated as suspicious. 4. Any notable and exceptional increase in the number of cases of and of deaths by such bowel disorders, as cholera morbus and diarrhœa, shall be promptly reported.

SANITARY INSPECTION OF STEAMBOATS CARRYING PASSENGERS AND FREIGHT FROM THE GULF PORTS INTO THE INTERIOR, IN THE CASE OF AN OUTBREAK OF CHOLERA OR YELLOW FEVER.

Proposition 1. Every captain or commanding officer shall keep in a book of permanent record the sanitary history of his steamboat. Such captain or commanding officer, before leaving a seaport city or town, shall obtain a certificate from a medical inspector, which certificate shall be entered upon and form a part of said record, certifying that he has personally examined the steamboat, and that all the rules and regulations adopted by this Council relating to the cleansing and disinfection while at the docks and wharves of such city or town have been complied with. Said certificate shall also state that the cargo of freight, of whatever description, is in good sanitary condition, and may be safely transported to its point of destination.

Proposition 2. The captain or commanding officer shall daily enter upon this record all facts relating to the health of the passengers and crew, and the amount and kind of sanitary cleansing during the passage, and such captain or commanding officer shall verify by affidavit, at the time of inspection, the correctness of the daily record.

Proposition 3. The reinspection of said boat shall be required only at the point of destination (except as hereinafter provided), at which point the medical inspector shall examine, before she discharges her cargo, the sanitary record of the boat and the boat itself. If such record has been neglected and the boat is in a bad sanitary condition, the medical inspector shall require proper sanitary cleansing and disinfection before the cargo is discharged or a new cargo is put on board. On the return passage the same rules apply.

Proposition 4. All boats navigating the Mississippi river shall undergo inspection and reinspection, in the same manner as above provided, upon arrival of New Orleans, Vicksburg, Memphis, Cairo, St. Louis and the point of destination. Boats navigating the Ohio river shall undergo a like inspection and reinspection at Evansville, Louisville and Cincinnati.

Proposition 5. Whenever cholera or yellow fever prevails at any of the gulf ports, the medical inspector shall certify on the record the precautions that have been taken and the danger to be apprehended from cargo, passengers and crew. The reinspection must be made at least one mile from a town, at a point suitable for the care of the sick, detention of the well, and the disinfection and cleansing of cargo and boat.

Proposition 6. The foregoing rules and regulations shall also apply to tugs, tows and barges.

Proposition 7. River craft found infected, or suspected of infection, shall be promptly isolated and cared for at the nearest quarantine and refuge station, of which an adequate number shall be provided for on the Mississippi river and its chief tributaries.

SANITARY SUPERVISION OF RAILROADS, AND OF TRAVEL AND TRAFFIC BY RAILROADS DURING AN EPIDEMIC OF CHOLERA OR YELLOW FEVER.

Proposition 1. Whenever a railroad train departs from an infected section, no person with cholera or yellow fever shall be allowed to take passage on such train. The baggage from such infected station shall be thoroughly disinfected before leaving such railroad station, by the use of the bichloride of mercury. At a point not less than fifty nor more than seventy-five miles from the point of departure from an infected place there shall be an entire transfer of passengers and baggage to another train of cars, which train shall never enter an infested district. This transfer shall be made under the supervision of a medical officer. No person with cholera or yellow fever shall be allowed on this train, but shall be returned to the point of departure, or be treated in hospital at the place of transfer.

Your committee further recommends that a special committee of three on general sanitation, and the details of precautionary measures for the prevention of epidemic disease, and especially of Asiatic cholera, be appointed by the Sanitary council, with power to punish in behalf of the Sanitary Council.

The report was adopted without discussion.

The special committee provided for by the last clause, was appointed as follows: Dr. John H. Rauch, Illinois; Dr. Plackney, Thompson, Ky.; Dr. Joseph Holt, Louisiana.

The following resolution was adopted:

Resolved, That the Secretary request, from the Chairman of the Committee on Disinfectants, appointed at the last meeting of the American Public Health Association, a plain, practical paper on disinfection and disinfectants, for popular use and distribution, to be furnished to the Chairman of the special committee of this Council on General Sanitation, etc.

DR. THOMPSON offered a motion State Boards of Health connected with the Council suggest to the President of the United States the manner in which money appropriated by Congress for sanitary purposes should be disposed of. The motion was adopted.

DR. CHAILLE, by request, gave some information in regard to the status of the National Board of Health. Only $3,000 had been placed at the disposal of the Board, but Congress has appropriated about $340,000, to be used at the discretion of the President of the United States for sanitary purposes.

In accordance with the notification on Tuesday, the presidents of the boards of health were called upon to give an account of the sanitary condition of their respective localities, and the measures being taken.

DR. JOSEPH HOLT described the conditions prevailing in New Orleans, where no contagious diseases exist at present, the public health being excellent. He explained the new system of quarantine to be adopted—that of thorough sanitation of ships.

DR. DEVRON, of the City Council, made a statement of the attitude of the city authorities toward municipal sanitation. He said the Council would

work in harmony with the Board of Health. The revenues of the city were limited by law, and there was so much to be looked after that a very small margin was left for improvements. The city had 64 miles of levees, 24 miles of drainage canals, 600 miles of streets, 400 being dirt street, to be attended to. Last year $90,000 was spent on the levees and $50,000 on drainage. In case of an epidemic an emergency fund would be provided.

DR. JOHN H. RAUCH, of Illinois, said that the most important work going on in that state was a sanitary survey of all the cities and towns, with the anticipation of establishing the best sanitary conditions. The mode of inspection was described. The Legislature of Illinois has been asked to appropriate $85,000 to prevent the introduction of yellow fever and cholera. The first thing to be done, he said, was to clean up the state.

DR. HENRY F. LYSTER, of Michigan, gave an account of what was being done there to prevent the introduction of cholera. The State Board had distributed a great number of documents intending to educate the people in sanitary subjects, and teach the value of clearness. Yearly sanitary conventions were held in the state, which proved very efficient in educating the people. The speaker contended that the local boards in the Mississippi Valley should make sanitary surveys of their cities and towns, which, would prove of great value to the council. He advised the thorough dissemination of information on sanitation and the necessity for the education of the people in the elements of public and individual hygiene.

DR. D. W. HAND, of the Minnesota Board of Health, set before the meeting the measures being adopted in his State to preserve public health and prevent the introduction of epidemic diseases. The Legislature had shown a disposition to adopt the suggestions of the board, and had passed a number of valuable sanitary laws at the last session and appropriated $15,000.

DR. PINCKNEY THOMPSON, of the Kentucky State Board, said the board did not receive much encouragement from the Legislature, but had been enabled to accomplish much good by the publishing and distribution of information, and the holding of sanitary conventions. Dr. Thompson also gave some illustrations of the efficiency of vaccination. He furnishes a description of the precautionary measures taken to prevent the introduction of cholera.

DR. DANIEL F. WRIGHT, of the Tennessee State Board, said that little money or power was given to that body, but they managed to do some good nevertheless, especially in popularizing vaccination. In respect to cholera the Board had issued circulars treating of public and private prophylaxis. The amount appropriated to the Board annually was $3,000.

MR. ROLAND, Health Officer of Cincinnati, attributed the lack of a state board in Ohio to want of agreement among members of the profession, which disagreement was reflected in the legislature. The local boards were invested with ample authority. He described the house to house inspection, and the cleaning measures adopted in Cincinnati. He urged that the removal of garbage should not be done by the Department of Public Works, but by the Board of Health. He considered that the sanitary condition of Cincinnati would be excellent in a few months.

DR. HEUCH, of the Minnesota State Board stated that the legislature had appropriated money for use in case of epidemic. The Board had taken measures to educate the people on sanitary topics, and would be prepared to meet an invasion of cholera.

DR. PINCKNEY THOMPSON, of Kentucky, offered the following resolution, which was adopted:

Inasmuch as Asiatic cholera invaded France in 1884, and the United States has heretofore invariably been invaded subsequently to an invasion of Western Europe; and inasmuch as a wise people should be prepared to look danger in the face and to strive to overcome it;

Resolved, That all boards of health, sanitary authorities and societies should at once resort to all possible means to give the widest publicity to information calculated to enable communities and individuals to protect themselves from invasion of cholera, and from all those causes which tend to spread the disease after it has been introduced.

At the evening session the Council elected the following

OFFICERS FOR THE ENSUING YEAR.

Dr. Pinckney Thompson, of Henderson, Kentucky, President; Dr. Joseph Holt, of Louisiana, Vice-President; Dr. J. H. Rauch, of Illinois, Secretary; Dr. W. H. Watkins, of New Orleans, Assistant Secretary.

The Council then adjourned *sine die*.

LOCAL SANITARY SOCIETIES.

EDITOR OF THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION:

DEAR SIR.—We are a committee appointed at the late meeting of the "Ohio State Sanitary Association," (held Feb. 6, 1885,) to urge upon the counties, towns, and villages of our state the great desirability of *local Sanitary Societies*, auxiliary to the State Association. We believe that such local societies can do a grand work, if they will avail themselves of the recorded experience of sanitary science, in preventing or ameliorating numerous diseases, and in this way adding to the sum of human health and happiness. We respectfully beg space in your paper to press on your readers the vital interests involved in this new Gospel of Humanity.

WHO SHOULD BE WILLING TO JOIN AND TO OPERATE SUCH A SOCIETY, AND WHY?

All *Clergymen* should be active in such a cause, for they well know that physical and moral uncleanliness are inseparable—that "Cleanliness is akin to Godliness"—that the first steps on the ladder of moral purity are clean faces, clean bodies, clean clothes, clean food, clean houses, and clean surroundings.

All *Teachers* should give it a helping hand. They are in daily communication with children of all classes and orders of society. They know how pleasant it is to teach clean, bright, healthy children; how

unpleasant and offensive are the unwashed, the dirty, the squalid. They know that dirt breeds sickness, that contagion is the inevitable result, that the efficiency of their school is in this way sadly obstructed, and that death clearly traceable to disobedience of sanitary laws may rob them of their best and most promising scholars.

Philanthropists should be eager to spread abroad whatever tends to make their fellow-men healthier, happier, more effective workers in their allotted station in life; to mitigate the terrors of disease and death; to advance their community to a higher plane of well-being and well-doing.

Lawyers should interest themselves. Not simply because they are citizens, but because of their peculiar relation to the making and the execution of the laws of the State. Their counsel and influence are greatly needed to bring about proper and healthful sanitary legislation and to assist sanitary officers in the performance of their duties.

Capitalists would be surprised to learn what good investments have been made in practical sanitary reforms. Sanitary lodging houses have displaced disease-breeding and burglar-sheltering slums, changing the whole aspect of a neighborhood, and have paid a good interest on the investment. Sewage farms have proved profitable beyond any reasonable expectations. Abattoirs have quickly superseded the old offensive slaughterhouses with good profits to the owners. A wide experience, now on record, proves that capital invested in sanitary improvements pays.

Business men should take an interest in sanitary reforms and in spreading a knowledge of sanitary laws. They know what one epidemic may cost them in the way of loss of business and stagnation of trade. Small-pox, a clearly preventable disease, is said to have cost Philadelphia in one epidemic between ten and twenty millions of dollars, in *loss of business*.

In 1879 the report of a single case of yellow fever in the south caused a shrinkage in the provision market, in the city of Chicago alone, of more than a million dollars within twenty-four hours. The present epidemic of cholera has cost Southern Europe not less than *one hundred million dollars*. To take an interest in sanitary reform is therefore a clear duty as a matter of business.

It is hardly necessary to add that the humane, the philanthropic, the christian *physician* should take special interest in sanitary reforms. No other class of citizens can so fully realize the necessity. The medical profession has ever been in advance of all matters pertaining to the health of the people and we appeal to the profession to-day in special confidence.

HOW SHALL SUCH SOCIETIES BE ORGANIZED?

Upon reading this circular, let some interesting party at once call a meeting of all those who are known to be in sympathy with this movement for sanitary reform, writing special invitations if necessary. Organize a society with proper officers, and hold regular meetings for the purpose of mutual instruction in everything pertaining to sanitary science. Read selections on appropriate topics. Exhibit pictures or diagrams illustrating the truths set forth. Discuss the best methods of accomplishing any given problem. Write plain practical essays to be read before the society and then, if considered suitable, let them be published in the papers. Let organized effort be brought to bear on city councils, on superintendents of public buildings, on municipal authorities, and on house-holders and house-owners, to the end that nuisances may be abated, that sources of disease may be investigated and diminished and that the necessity for pure air, good water, and healthful food may be inculcated on the whole community.

This committe and the Ohio State Sanitary Association earnestly implore every community to take this action at once in view of the apprehended approach of cholera in the near future, and because of too frequent occurrence of typhoid fever, diphtheria, dysentery and other preventable *filth diseases* in our midst. If, in our own persons, in our families, or among beloved friends, disease or death, due to *preventable* causes, should overwhelm us with unhappiness and grief, what answer can we make when sanitary science, pointing out the way of health, invites us to walk therein? Who will dare to say, it is the hand of the Lord that has desolated our homes, when our own ignorance, or stupidity, or carelessness is alone at fault?

It is expected that all such local organizations shall be auxiliary to the State Association for our mutual advantage. It will give the State Association connection with all portions of the State, enabling reports, warnings and suggestions to be furnished regularly and promptly when necessary. It will also enable the State Association to collect information from all sections as to the spread of epidemics and the general health of our people.

In behalf of and in the name of the Ohio State Sanitary Association.

E. T. NELSON, A.M..Ph.D., Delaware, Ohio;
D. R. SILVER, M.D., Sidney, Ohio; and others.

FOREIGN CORRESPONDENCE.

BERLIN LETTER.

BERLIN, March 5, 1885.

Gusserow on Puerperal Fever and Erysipelas. The Coloring of Tuberculous Material for Bacilli Examination. Dr. Martin's Operations. A New Field for Therapeutical Investigation.

Dr. Gusserow has recently published, in the *Archiv f. Gynäk*, an interesting paper on "Erysipelas and Puerperal Fever," the main points of which are as follows: The old argument of puerperal fever arising from erysipelas and *vice versa* was thoroughly discussed by Hirsch and Zuelzer, and by Hugenberger in this same journal. Virchow's labors went to prove the identity of the two; especially was such true of puerperal infection of the pelvic cellular tissue and erysipelas; and that clinical observations and anatomical demonstrations do not always coincide. He then gives the histories of fourteen cases of erysipelas, all of which appeared in an epidemic of puerperal fever, the number of cases suffering from the latter being

very great. There could be no rational inference that the erysipelas gave rise to the puerperal fever, since a study of the histories of these cases show, that there were already well-marked evidences of puerperal sepsis before the characteristic erysipelatous rash appeared. In the fatal cases post-mortem section showed severe forms of sepsis, though not phlegmonous, as often occurs in puerperal fever, but a real erysipelatous sepsis. After these cases Dr. Gusserow was convinced that there was no ground for supposing that erysipelas could give rise to puerperal fever.

At that time he could not demonstrate this conclusively, but since the discovery by Fehleisen of the micrococcus of erysipelas he stood on safer ground. Through the kindness of Fehleisen Dr. Gusserow was able to inaugurate some experiments with pure culture. The ears of two rabbits were vaccinated with minute quantities of this culture; in both cases the characteristic erysipelatous rash appeared, which in one case was especially typical. The animals showed the usual symptoms and after a time the rash disappeared. Six rabbits were then vaccinated as follows: Two had small quantities of the Pilz (inoculating material) left free in the peritoneal cavity; into the pelvic cavity of two others, Pilz was placed upon the peritoneal surfaces which had been slightly wounded; in the last two the Pilz was introduced into the subserous cellular tissue. None of these animals showed any symptoms, and all lived for a long time. From such experiments Prof. Gusserow is driven to the conclusion that erysipelas cannot cause puerperal fever.

I have found the following formula to answer remarkably well as coloring matter for tubercular bacilli: Make a watery solution of analin oil; then filter and heat; then add enough of an alcoholic solution of fuchsin (a saturated solution) to give a metallic lustre from the surface. Then transfer to blue solution (sat. sol. of methyline-blue in 20 parts nitric acid, 30 parts alcohol and 50 parts water), letting cover glass remain in for about two minutes. If in process of time the color fades it can be recolored very easily.

During the last three years Dr. Martin has extirpated the cancerous uterus *per vaginum* 58 times, and his assistant, Dr. Dürelius, 4 times. Out of these 62 cases there were only five deaths, and these happened some time ago, when the operation was a comparatively new one; so that now a fatal result is very exceptional. Such results are among the triumphs of modern surgery, for when the uterus is friable and breaks up so easily that the hook cannot grasp it to turn it out through the posterior incision, or when the posterior adhesions are widely distributed and intimate, the operation is an exceedingly difficult one. So, too, under his method there is rarely much loss of blood during the operation, and the merits of the plan are that the bleeding-points can be easily seen and secured; and that the ligatures are so securely placed and knotted as the operation progresses, that the vessels are generally all ligated before much cutting is done. In my opinion Dr. Martin is the most brilliant operator here, and most original and fruitful in device. His statistics are gradually creeping into the very foremost rank, and his results are unexcelled.

To any one craving fame in original research, there is a wide field opening in scientific therapeusis. The bacilli of most contagious diseases are already elaborated. The characteristic symptomatology depends upon the peculiar excitant of the especial bacillus. The intense fever which obtains in certain cases is due to the chemical changes engendered by the presence of these parasites. Each bacillus sets up a line of symptoms peculiar to itself, and it cannot originate or perpetuate the pathological conditions incident to other bacilli. This fact necessitates a thorough knowledge of the germicides best suited to each bacillus, so that for each disease depending upon a *contagium vivum* there shall be a distinct and accurate plan of treatment. In cases in which it is necessary to saturate the system with an antiseptic and a germicide, experiment must show just what medicine can be best tolerated by the system, while acting upon such principles. Such an investigation would not be impossible; but it would require months of patient work in the laboratory, and clinical observation at the bedside, before anything reliable could be deduced.

H. R. B.

DOMESTIC CORRESPONDENCE.

NEW YORK LETTER.

The County Medical Association: Etiology of Still-births—Dr. E. S. Gaillard—Treatment of Patients in the Temple of Æsculapius—Bellevue Medical College and Laboratory—The University Medical School—General Grant's Case.—The meeting of the County Medical Association, on the evening of March 16, was largely attended and of much interest. Dr. John Shrady, brother of Dr. George F. Shrady, Editor of the *Medical Record*, read a paper on the "Etiology of Still-births," which, while of a high order from a scientific point of view, was characterized in many places by a deliciously dry humor which is not often met with in the communications made to medical societies. For example, in narrating some cases occurring in his own practice, in which syphilis was the principal etiological factor, he commenced the history of the first by saying: "A. A., a politician, in his zeal to provide for future majorities of his party, contracted a chancre, and with a rare generosity shared it with his wife . . . She had an eruption mainly rupial in character, and this salt rheum, which for family reasons we agreed to call it, was rapidly undermining her constitution." The history of another commenced as follows: "E. F., wife of an amateur musician, had successively two dead-born children, both small, and one putrid. . . . The husband asserted the purity of his conduct, but acknowledged that he had an abscess in the groin, which he thought was originally caused by straining after a high note on his trombone." A third began: "G. H., with no other history of syphilis than that in early life she was a ballet girl, and her first husband a sea captain, had

several miscarriages." Before dismissing the subject of syphilis, he referred to the query of the late Professor E. R. Peaslee, whether the success of ultimate maternity may not be due to the gradual wearing out of the syphilization, as manifested by the occurrence of abortions at successively longer intervals—say the third, fourth and fifth months. He said he could recall one case in point, that of a mother who, after twelve expulsions of fœti of various degrees of development, crowned her hopes in her forty-fifth year by the birth of a healthy boy. Other children might perhaps have been saved also, but for her strong opposition to the induction of premature labor. In this case chlorate of potash in 15-grain doses, in combination with tincture of the chloride of iron, was persistently employed during the last three months of pregnancy.

The discussion which followed the reading of the paper was worthy of note from the fact that it brought out a large number of speakers, whose views are seldom or never heard in our medical societies, and it thus afforded a signal illustration of the useful work which the young association is accomplishing in developing latent talent, and enabling busy but modest practitioners to contribute something from their store of experience to the general knowledge of the profession. The discussion turned largely on the question of malaria as a cause of still-births, and whether there was danger of provoking miscarriage in giving quinine freely to pregnant women. In regard to the latter point, while two or three members believed that there was undoubtedly a certain amount of such danger, and advised that when quinine was demanded it should be given in very small doses, repeated at more or less intervals, the weight of opinion seemed to be decidedly in favor of the perfect safety of administering the drug as freely to pregnant women as to any other persons. During the discussion points of special interest were referred to by the president, Dr. Leale, and Prof. E. G. Janeway. Dr. Janeway called attention to the fact that a large number of still-births in New York resulted from a cause which had not been alluded to, viz.: The use of ergot by incompetent midwives. When he was one of the health commissioners of the city he had made a careful investigation of this matter, and had found that the use of ergot constituted a pretty large factor in the etiology of still-births, in all cases attended by midwives. Another prominent factor was the fact that in difficult cases of labor the midwives usually waited too long before sending for skilled assistance. These matters he considered important, from the circumstance that about one-third of all the cases of confinement in the city of New York were attended by midwives.

The etiological factor to which the president called attention was chronic obesity on the part of the mother. Although the pelvic diameters were ample, there might be so much obstruction offered by the soft parts that the child could not be born alive. He had known of several such instances, and in one case he had successfully delivered the patient of a living child by resorting to the induction of premature labor. Other matters of great interest also occupied the attention of the Association, to which only a passing allusion con be here given. Prof. Charles A. Doremus, of Bellevue College, demonstrated a new and simple method of determing the quantity of urea in the urine, an advance, as Prof. A. Flint, Jr., pointed out, of the greatest practical importance. Prof. Janeway presented two unique pathological specimens. One was a case of perforating ulcer of the œsophagus, a condition which many high authorities claimed has never been seen; the other one showed the lodgment in a trachea, already stenosed by the pressure of enlarged glands, of a cheesy mass from one of the glands, which had been discharged into it by means of a process of ulceration, and which caused instant death by asphyxia.

Before the association adjourned the following resolution, offered by Dr. A. Flint, Jr., was adopted:

Resolved, That in the death of our late associate, Dr. E. S. Gaillard, the profession has lost a bright ornament, medical journalism an able exponent, and a prominent object of our association—"the maintenance of the honor and character of the medical profession"—an earnest advocate and defender.

On the evening of March 19 Prof. A. G. Merriam, of Colnmbia College, delivered, by invitation, before the Academy of Medicine, an attractive and instructive lecture on "The treatment of Patients in the Temples of Æsculapius." During the course of it he spoke at length of a slab recently discovered in the excavations at the Æsculapium at Epidauris, on which are recorded in the Doric dialect a large number of miraculous cures wrought by the god on persons visiting the temple for relief from disease. Among the cases mentioned are the following: Cleo, a woman who had been *five years* pregnant, came as a suppliant for delivery. She slept in the temple a night, during which she was visited by a vision, and the next morning was safely delivered of a boy, who immediately washed himself in a neighboring fountain and began to walk about with his mother. Another woman, who was sterile, besought the god to grant that she might become pregnant. "Is there nothing else that you wish?" he asked when he appeared during a vision. "Nothing," she replied. "Well, then," he said, "you can have your desire." Accordingly, she soon became pregnant; but when she had continued in this condition for three years she began to think it was about time her child was born, and so came again to the temple. In the night the god appeared once more and asked her what she wanted; and when she told him that she wished to be delivered, he replied: "You desired before that you might become pregnant, and expressly stated that you did not wish anything more; so that you ought to be satisfied now that you are in the condition which you wished." However, the god was merciful, and she was delivered of an infant, which does not seem to have been so precocious as the one in the last case. A third history was as follows: Pandarus, a Thessalian, had certain marks on his brow which had apparently been branded there, and he came to the temple to get rid of them, if possible. Following the direction of the god he bound a fillet around his head for a specified

time, and when it was removed, behold, the marks were gone! The god then told him to consecrate the fillet in the temple, which he did. Some time afterwards a friend of Pandarus, who had similar marks on his forehead, having heard of the marvelous cure, also resorted to the temple at Epidauris, bringing with him a thank-offering of gold to the god sent by the grateful Thessalian. When the god appeared during the night he asked him if he had not brought a thank-offering from Pandarus. He denied this, and the god then told him to bind on his brow the fillet of the latter, which had been left in the temple, and when he had removed it to look at himself in a certain stream. Accordingly, he followed the god's directions; but when he came to take off the fillet he found upon his brow not only the original marks which had been there, but also the marks which had formerly been upon Pardarus' brow.

The graduating exercises of Bellevue College, which came off March 9, at the big new Metropolitan Opera House, (this being the first college commencement of any kind ever held in that stupendous temple of art), were somewhat largely devoted to the glorification of Mr. Andrew Carnegie, who recently founded the Bellevue pathological laboratory; but any man who has the good sense to give $50,000 to a medical school certainly deserves to be made much of. He himself made the principal address of the evening, and both before and after it he was greeted with cheer after cheer from the graduating class and the hearty applause of the assembled multitude. The college announces the early opening, during the spring course, of the Carnegie Laboratory, fully equipped with scientific apparatus. The teaching in it will be under the direction of Professors Janeway and Dennis, assisted by three instructors; and the Laboratories will be open to any one who desires to make original investigations, or who may wish to pursue any special line of experimental work under the direction of those connected with the college. It is expected that culture-apparatus, imported from Germany, will arrive in time for the cultivation of bacteria during the present session. The laboratory building is five stories high, and contains three sets of laboratories, besides a large auditorium.

At the commencement of the University Medical School, which was held at the Academy of Music on March 10, the Rev. Dr. John Hall, chancellor of the University, delivered the address to the graduating class, which numbered 178. A portion of the musical programme, which was furnished by Gilmore's band, was a lively hunting chorus, in which was introduced with very laughable effect a refrain to the words:

> "As doctors on we'll go
> With physic, with physic, with physic,
> To cure 'em or to kill 'em,
> As doctors on we'll go."

Dr. George F. Shrady has been added to the consultiug surgeons in General Grant's case, and the *Record* of March 21 states that at the last weekly consultation a thorough examination was made with a view of discussing the expediency of a radical surgical operation for the removal of the growth. Such a measure was considered mechanically possible, despite the close proximity and probable involment of the tissues adjoining the larger arteries and veins in the neighborhood of the ulcerations; but in the best interests of the patient the surgeons did not feel inclined to recommend the procedure. P. B. P.

March 20, 1885.

MISCELLANEOUS.

THE INDEX MEDICUS.

We take pleasure in announcing that Mr. George S. Davis, of Detroit, has undertaken to continue the publication of the *Index Medicus*, on the same general plan, and with the same regard to typographical accuracy and finish, as heretofore.

On account of the delay required to perfect this arrangement, the first number of the journal for the current year will comprise the literature of January, February and March, after which it will appear monthly, as usual.

At the end of the year, in addition to the usual annual index of names, subscribers will be furnished with an index of subjects to the volume.

So many expressions of regret and urgent remonstrances in regard to the threatened discontinuance of the *Index Medicus* have been received, that we think we may venture to congratulate the profession on Mr. Davis' public spirited determination to carry on the enterprise in spite of the fact that, thus far, it has not been pecuniarily remunerative.

It is requested that all exchanges, and books and pamphlets for notice, be sent to the *Index Medicus*, Washington, D. C.

JOHN S. BILLINGS, M.D.
ROBERT FLETCHER, M.D.

WASHINGTON, D. C., March 4, 1885.

PREVENTIVE MEASURES AGAINST CHOLERA.—On behalf of the executive committee of the Sanitary Council of the Mississippi Valley, Dr. John H. Rauch, secretary of the Illinois State Board of Health, sent a petition to President Cleveland, on March 17, to immediately convene the National Board of Health and authorize its use of so much of the epidemic contingent fund as may be necessary for preparing and promptly enforcing a vigorous system of preventive measures in coöperation with and in aid of state and local health organizations, with especial reference to Asiatic cholera.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE UNITED STATES MARINE HOSPITAL SERVICE, FOR THE WEEK ENDING MARCH 14, 1885.

Bailhache, P. H., Surgeon. Detached as President, Board of Examiners, March 10, 1885.

Purviance, George, Surgeon, Detached as member, Board of Examiners, March 10, 1885.

Austin, H. W., Surgeon, Detached as recorder, Board of Examiners, March 10, 1885.